

N 14000009016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

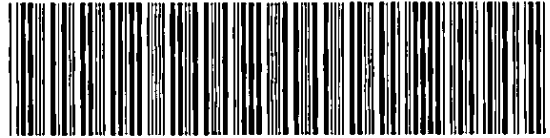
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400306236604

12/05/17--01022--028 **25:00
12/27/17--01016--010 **10:00

FILED

2017 DEC 27 AM 11:56

C. GOLDEN

DEC 28 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GRAY FISHTAG RESEARCH, INC.
Name of Corporation

DOCUMENT NUMBER: N14000009016

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM T. COLEMAN

Name of Contact Person

BRINKLEY MORGAN

Firm/Company

ONE FINANCIAL PLAZA, 100 SE 3rd AVE., 23rd FLOOR

Address

FORT LAUDERDALE, FL 33394

City/State and Zip Code

william.coleman@brinkleymorgan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM T. COLEMAN

Name of Contact Person

at (954) 522-2200

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 6, 2017

WILLIAM T. COLEMAN
ONE FINANCIAL PLAZA
100 SE 3RD AVENUE, 23RD FLOOR
FORT LAUDERDALE, FL 33394

SUBJECT: GRAY FISHTAG RESEARCH, INC.
Ref. Number: N14000009016

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 317A00024611

RECEIVED
17 DEC 22 PM 12:28
CLARETHA GOLDEN
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GRAY FISHTAG RESEARCH, INC.
2. The principal office address: 803 SW 14TH CT., POMPANO BEACH, FL 33060
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/26/2014 Document number: N14000009016

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

COLEMAN, WILLIAM T.

BRINKLEY MORGAN 200 EAST LAS OLAS BLVD., 19TH FLOOR

FORT LAUDERDALE, FL 33301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COLEMAN, WILLIAM T.

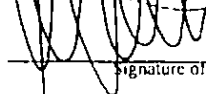
BRINKLEY MORGAN, ONE FINANCIAL PLAZA, 100 SE 3RD AVE., 23RD FLOOR

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33394

The street address of its registered office and the street address of the business office of its registered agent, if changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.




Signature of an officer or director

William Dobbelaer

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

11-28-17

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

FILED
2017 DEC 27 AM 11:56