

N15 0000 10 999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

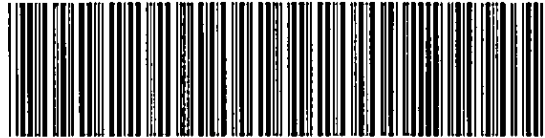
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



200334207022

09/17/19--01002--008 **35.00

FILED
2019 SEP 17 PM 2:51
TALLAHASSEE, FL

SEP 30 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST. AUGUSTINE SHARKS, CORP

Name of Corporation

DOCUMENT NUMBER: N15000010999

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:

Austin Hyland

Name of Contact Person

ST. AUGUSTINE SHARKS, CORP

Firm/Company

214 MichelAngelo PL

Address

Saint Augustine FL 32084

City/State and Zip Code

finalscore96@comcast.net

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

For further information concerning this matter, please call:

Austin Hyland

Name of Contact Person

at (847) 997-5763

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

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: ST. AUGUSTINE SHARKS, CORP
2. The principal office address: 214 MichelAngelo PL
Saint Augustine FL 32084
3. The mailing address (if different): 5448 2nd St Saint Augustine FL 32080-7348
4. Date of incorporation/qualification: 11/11/2015 Document number: N15000010999
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)

Michael Kevin Harris (resigned)

42 DURANGO DRIVE

ST. AUGUSTINE, FL 32086

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

Austin Hyland (New)

214 MichelAngelo Pl

P.O. Box NOT acceptable

Saint Augustine FL 32084

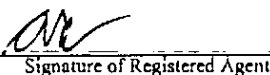
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Dameon L Church *President*
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

09/09/19
Date

If signing on behalf of an entity:

Austin Hyland

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

FILED
2019 SEP 17 PM 2:51
TALLAHASSEE, FL