196000005361

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| (Address) | | | | | |
| , , | | | | | |
| (Address) | | | | | |
| (Addiess) | | | | | |
| | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| | | | | | |
| (Document Number) | | | | | |
| (Coosmone Names) | | | | | |
| Contificat Conice | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



800317431338

08/27/18--01015--028 **85.00

2018 AUG 27 PM 1:58 SECRETARY OF STATE

C. GOLDEN AUG 2 8 2018

COVER LETTER

| то: | Amendment Section Division of Corporations | | | | | |
|--|---|--|--|--|--------|--|
| | Mangrove Coast Fly Fishers, Inc. | | | | | |
| SUBJ | ECT:Name of Corporation | | | | | |
| | N9600005361 | | | | | |
| DOC | JMENT NUMBER: | | | | | |
| The er | closed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | |
| Please | return all correspondence concerning this matter to the following: | | | | | |
| | Robert Cameron | | | | | |
| | Name of Contact Person | | | | | |
| | Mangrove Coast Fly Fishers, Inc. | | | | | |
| Firm/Company | | | | | | |
| 506 Sand Crane Court | | | | | | |
| Address Bradenton, FL 34212 City/State and Zip Code mangrovecoastflyfishers@gmail.com | | | | | | |
| | | | | | | E-mail address: (to be used for future annual report notification) |
| | | | | | For fu | ther information concerning this matter, please call: |
| | | | | | Robe | rt Cameron 860 944-0420 |
| | Name of Contact Person at () Area Code & Daytime Telephone Number | | | | | |
| Enclos | ed is a \$35.00 check made payable to the Department of State. | | | | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Clifton Building | | | | | |
| | Tallahassee, FL 32314 2661 Executive Center Circle | | | | | |

Tallahassee, FL 32301

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

| | • | 617.0502, 607.1508, or 617.1508, Florida on organized under the laws of the State o | |
|--|--|---|----------------------------------|
| in orde | r to change its registered office o | or registered agent, or both, in the State of | f Florida. |
| 1. The name of t | Mangrove Coa | ast Fly Fishers, Inc | |
| | | ne Court, Bradenton, FL 34212 | |
| z. The principal | office address. | | |
| 3. The mailing a | ddress (if different): | 3792, Sarasota, FL 34230 | |
| 4. Date of incorp | poration/qualification: | Document number: N960 | 00005361 |
| | I street address of the current regi- tment of State: (If resigned, enter | istered agent and registered office on file resigned) | with the |
| | Smothers, Craig | | |
| | 2628 Constitution Blvd | | - 2 |
| | Sarasota El 34230 | | 2018 AUG 27 SECRETAR TALLA |
| 6. The name and (if changed): | l street address of the new registe | red agent (if changed) and /or registered o | S |
| | Robert Cameron | | |
| | 506 Sand Crane Court | | FL SB |
| | Bradenton, FL 34212 | Box NOT acceptable | _ |
| The street addre | ss of its registered office and the be identical. | e street address of the business office of | its registered agent, |
| Such change wa authorized by th | s authorized by resolution duly a board, or the corporation has b | adopted by its board of directors or by an been notified in writing of the change. | n officer so |
| Rob | Mamer | Robert Cameron, Treasure | |
| Signatu | re of an officer or director | Printed or typed name and | itle |
| I further agree i performance of agent. Or, if the | o comply with the provisions of a my duties, and I am familiar with | gent and agree to act in this capacity. all statutes relative to the proper and co h and accept the obligation of my positic to reflect a change in the registered off otified in writing of this change. | on as registered |
| Rola | 1 Carrer | August 22, 2018 | |
| Sig | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| Ty | rped or Printed Name | - | |