## P00000 54554

| (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: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| ·                                       |  |  |  |  |  |





600330272636

08/19/19--01000--003 \*\*90.00

S TALLENT JUL 0 1 2019

SECRETARY OF STATE

To: Florida Dept. of State / Division of Corporations:

My name is Hector A. Escardo, Owner and VP of Escardo Marine, Inc. For Many years my mother Julia K. Escardo has been my office manager for Escardo Marine, Inc. She was also listed with your office as the Registered Agent. Unfortunately Julia K. Escardo past in October of 2018. I'm enclosing a copy of the death certificate. I'm doing this because as I understand it, the enclosed form requires Julia's signature. Hopefully this will suffice.

Thank you,

Hector A. Escardo

VP / owner of Escardo Marine, Inc.

2401-C 28th Ave N

St. Petersburg, FL33713

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Escardo Marine, Inc.

Name of Corporation

DOCUMENT NUMBER: P00000054554

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:

Hector A. Escardo

Name of Contact Person

Escardo Marine, Inc.

Firm/Company

2401 28th Avenue N. Suite C

Address

St. Petersburg, FL 33713

City/State and Zip Code

accounting@escardomarine.com

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

For further information concerning this matter, please call:

Hector A. Escardo

.727 <sub>\_\_</sub>898-2010

Name of Contact Person

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

| statement of ch  | ange is suhmitted for a corporati   | 617.0502, 607.1508, or 617.1508, Florida 3 on organized under the laws of the State of $\frac{1}{2}$ or registered agent, or both, in the State of F   | Florida                                       | uis<br>    |    |
|--|---|--|---|------------|----|
| 1. The name of   | the corporation: Escardo M  | arine, Inc.  |   |            |    |
| 2. The principal   | office address: 2401 28th A   | venue N. Suite C St. Petersbu  | rg, FL :                                      | 3371       | 3  |
| 3. The mailing a   | address (if different):   |  |   |            |    |
| 4. Date of incor   | poration/qualification: 05/26/2   | 2000 Document number: P0000  | 00545   | 54         |    |
| 5. The name and Florida Depa   | d street address of the current reg<br>artment of State: (If resigned, ente | gistered agent and registered office on file with resigned)  | ith the                                       |            |    |
|  | Julia K. Escardo  |  |   |            |    |
|  | 500 1st Street N. Suite   | e 203  |   |            |    |
|  | St. Petersburg, FL 337  | 701  | S   | 20         |    |
| 6. The name and (if changed):  | d street address of the new registe   | ered agent (if changed) and /or registered off   | TGREEN AND AND AND AND AND AND AND AND AND AN | 9 NOF 6107 |    |
|  | Hector A. Escardo   |  | 13.50<br>13.50<br>13.50                       |            |    |
|  | 328 8th Avenue N.   |  |   | PH 3: 2    |    |
|  | St. Petersburg, FL 337  | . Box NOT acceptable   | L'ATE   | 28         |    |
| The street address changed will  | ess of its registered office and th   | e street address of the business office of its   | registere                                     | d agen     | t, |
| Such change wa<br>authorized by the                                      | as authorized by resolution duly<br>he board, or the corporation has        | adopted by its board of directors or by an obeen notified in writing of the change.  | officer so                                    |            |    |
| Sugnani  | tre of an officer of director   | Hector A. Escardo, VP  |   |            |    |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th | the appointment as registered a   | Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complete the and accept the obligation of my position y to reflect a change in the registered office of this change. |   | red<br>I   |    |
|  | 1/12  | 06/14/2019   |   |            |    |
| If signing on be<br>Hector   | chalf of an entity:  A. Ocardo  Avorder Printed Name                        | Date   |   |            |    |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)