

PO2000133751

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

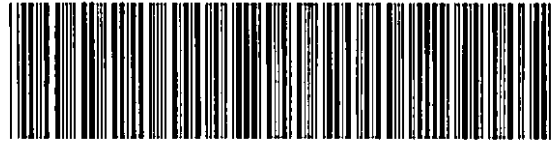
(Business Entity Name)

(Document Number)

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DIVISION OF COURT REPORTERS
2020 APR -6 AM 9:09

GM
4/20/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ship's LANTERN of Northeast Florida, INC
Name of Corporation

DOCUMENT NUMBER: PO2000133751

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:

CAROL ELEFTERION
Name of Contact Person

Ship's LANTERN of Northeast Florida, INC
Firm/Company

210 CENTRE STREET
Address

FERNANDINA Bch, FL 32034
City/State and Zip Code

E-mail address: (to be used for future annual report notification) shipslantern@bellsouth.net

For further information concerning this matter, please call:

CAROL ELEFTERION at (904) 753-7630
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

*** 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: SHIP'S LANTERN OF NORTHEAST FLORIDA, INC.
- 2. The principal office address: 210 CENTRE STREET
FERNANDINA Bch, FL 32034
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 12/19/2002 Document number: PO2000133751
- 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)

ALLEN ELEFTERION
210 CENTRE STREET
FERNANDINA Bch, FL 32034

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

CAROL ELEFTERION
210 CENTRE STREET
FERNANDINA Bch, FL 32034

P.O. Box NOT acceptable

2020 APR -6 AM 9:09
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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.

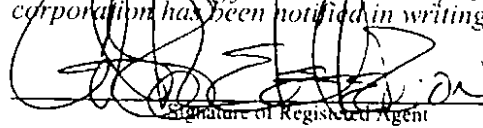


Signature of an officer or director

CAROL ELEFTERION, VICE 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

3-31-2020

Date

If signing on behalf of an entity:

Typed or Printed Name

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