## PO4000170349

| (Re                                     | equestor's Name)  |           |  |
|---|-------------------|-----------|--|
|   |                   |           |  |
| (Ac                                     | idress)           |           |  |
|   |                   |           |  |
| (Address)                               |                   |           |  |
| _                                       |                   |           |  |
| (City/State/Zip/Phone #)                |                   |           |  |
| PICK-UP                                 | ☐ WAIT            | MAIL      |  |
|   |                   |           |  |
| (Bu                                     | siness Entity Nan | ne)       |  |
|   |                   |           |  |
| (Do                                     | cument Number)    |           |  |
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| Certified Copies                        | _ Centificates    | of Status |  |
|   |                   |           |  |
| Special Instructions to Filing Officer: |                   |           |  |
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Office Use Only



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## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |   |  |  |  |
|---|---|--|--|--|
| SUBJECT: Ship-N-Shape, Inc.  (Name of corp.)  | poration)   |  |  |  |
| DOCUMENT NUMBER: P04000170349   |   |  |  |  |
| 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:                       |   |  |  |  |
| Jackie S. Abshire, Legal Assistant (Name of contact   | act person)   |  |  |  |
| Smith, Sauer & DeMaria (Firm/Company)   |   |  |  |  |
| P.O. Box 12446 (Addres  | ss)   |  |  |  |
| Pensacola, Florida 32591-2446   |   |  |  |  |
| (City/state and zip code)   |   |  |  |  |
| For further information concerning this matter, please call                                     | l:  |  |  |  |
| Jackie S. Abshire, Legal Assistant  | at (850 ) 434-2761  |  |  |  |
| (Name of contact person)  | at (850 ) 434-2761 (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 409 E. Gaines Street Tallahassee, FL 32399 |  |  |  |

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

| statement of change is subm   | itted for a corporatio   | , 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.  |                     |
|---|--|--|---------------------|
| The name of the corporati   | ion: Shi   | ip-N-Shape, Inc.   |                     |
| 2. The principal office addre   | 00.0   | e Angel Parkway  |                     |
|   | Pensacola, Flo   | orida 32506  |                     |
| 3. The mailing address (if di   | fferent):  |  |                     |
| 4. Date of incorporation/qua  | lification: 12/21/20   | Document number: P04000170349  |                     |
| <ol><li>The name and street addre<br/>Florida Department of Sta</li></ol>   |  | gistered agent and registered office on file with the  |                     |
| Corporation   | Service Company  | ·  |                     |
| 1201 Hays   | Street   | As S   | )<br>J              |
| Tallahasse  | e, FL 32301  | LARET  | 馬                   |
| 6. The name and street addre<br>(if changed):   | ss of the new registe  | ered agent (if changed) and /or registered office  | 28 PH               |
| Steven P. T   | hrasher  |  |                     |
| 38 South Bl   | lue Angel Parkway  |  | 14                  |
| <del>_</del>  | (P.O. Box NOT  | 'acceptable)   |                     |
| Pensacola,  | Florida 32506  |  |                     |
| The street address of its reging changed will be identical.   | stered office and th   | ne street address of the business office of its registered ag  | ent,                |
| Such change was authorized nuthorized by the board, or t  | by resolution duly<br>the corporation has  | adopted by its board of directors or by an officer so been notified in writing of the change.  |                     |
| Stu V.  | her  | Steven P. Thrasher   |                     |
| (Signature of an officer o  | , 0  | (Printed or typed name and title)  | _                   |
| hereby accept the appointn further agree to comply wi for my duties, and I am famil document is being filed mere corporation has been notifie | nent as registered a<br>th the provisions of<br>iar with and accept<br>ely to reflect a chan<br>d in Ariting of this | agent and agree to act in this capacity.  f all statutes relative to the proper and complete performe  t the obligation of my position as registered agent. Or, if  age in the registered office address, I hereby confirm that  change. | ance<br>this<br>the |
| SV-Y-M  | 111  | February 23, 2005  |                     |
| (Signature of Registe   |  | (Date)   |                     |
| f signing on behalf of an en  | my;  |  |                     |
| (Typed or Printed N   | Vame)  | _  |                     |

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