## P04000172928

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C LEWIS

## **COVER LETTER**

Amendment Section Division of Corporations LOWE'S MARINE SALES INC. Name of Corporation P04000172928 **DOCUMENT NUMBER:** 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: Henry B. Lowe, VP Name of Contact Person Lowe's Marine Sales Firm/Company 4825 Bayshore Drive Naples, FL 34113 City/State and Zip Code LowesMarine@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Henry Lowe Name of Contact Person

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 cha	nge is submittea	for a corporation o	organized u	7.1508, or 617.1508, I under the laws of the S egent, or both, in the S	State of Flo	rida
1. The name of the	Ū	Lowe's Marin	J		auto og 1 tortui	••
2. The principal	•	4825 Baysho	ore Driv	e		
2. The principal	office address	Naples, FL 3				
3. The mailing ac	ddress (if differe	ent):				
4: Date of incorp	oration/qualific	ation: 1/1/200	5	Document number: _	P04000	172928
		of the current register If resigned, enter res	_	and registered office of	n file with the	
	Henry Lo	we, registered	d agent			
·	278 Capi	ri Blvd, Naples	s, FL 34	113		
	(239) 642	2-3439				28
6. The name and (if changed):	street address o	f the new registered	l agent (if c	changed) and /or regis	tered office	2016 OCT 28
	4825 Bay	shore Drive				<b>P</b> 190
	Naples, f	FL 34112				1: 30
	(239) 77		NOT accepta	ble		_
The street address changed will	ss of its register be identical.	red office and the st	reet addre	ss of the business off	ice of its regis	tered agent,
Such change was	s authorized by	resolution duly ado	opted by its	s board of directors o in writing of the char	r by an officer	
	h. Ster	0		Henry B. Lo	we, VP	
Signatur	e of an officer or dire	ctor	<u> </u>	Printed or typed na	me and title	
I further agree to performance of i agent. Or, if this	o comply with to my duties, and I s document is b	he provisions of all ' am familiar with a	statutes re ind accept reflect a c	te to act in this capace elative to the proper of the obligation of my change in the register ing of this change.	and complete position as re	gistered ress, I
Thy	h oter	0		October 25	, 2016	
Sign	ature of Registered A	gent		Date		
If signing on beh	nalf of an entity	:				
Ту	ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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