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(City/State/Zip/Phone #)

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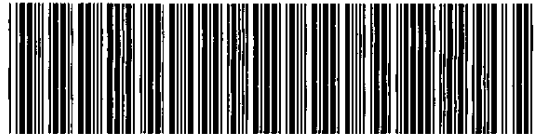
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP 15 AM 9:02

7/2/03 SEP 16 2003



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2009

JOHN F. MCLAUGHLIN
MARINA SERVICES INC.
311 SW COCONUT KEY WAY
PORT ST LUCIE, FL 34986

SUBJECT: MARINA SERVICES INC.
Ref. Number: P05000017056

We have received your document for MARINA SERVICES INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 009A00029605

RECEIVED
2009 SEP 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: marina services inc.
Name of Corporation

DOCUMENT NUMBER: P05000017056

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:

john f mclaughlin
Name of Contact Person

marina services inc
Firm/Company

311 SW coconut key way
Address

port st lucie, florida 34986
City/State and Zip Code

marinaservicesincfl@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

john mclaughlin at (954) 551-4563
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**

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: marina services inc ,
2. The principal office address: 311 sw coconut key way, port st lucie, fl., 34986
3. The mailing address (if different): po box 22627; ft lauderdale, fl., 33335
4. Date of incorporation/qualification: 1/27/2005 Document number: P0500017056
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)

john f mclaughlin
1126 polk st
hollywood, fl., 33019

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

john f mclaughlin
311 SW coconut key way
P.O. Box NOT acceptable
port st lucie, fl., 34986

09 SEP 15 AM 9:02
DIVISION OF CORPORATIONS
SECRETARY OF STATE

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

john f mclaughlin, 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

08/26/2009

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)