

P050000093195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

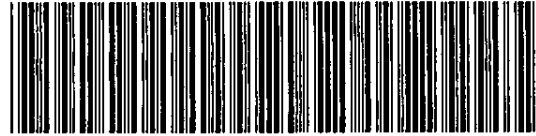
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAR 29 PM 1:49
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS

R0/chg
10 3.30.12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LONG NECK POINT ENTERPRISES, INC.
Name of Corporation

DOCUMENT NUMBER: POS 000093195

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:

FREDRICK J WAINIO JR
Name of Contact Person

Firm/Company

2450 OLD MOULTRIE RD, STE 201
Address

ST AUGUSTINE, FL 32086
City/State and Zip Code

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

For further information concerning this matter, please call:

FREDRICK J WAINIO JR at (904) 484 5008
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: LONG NECK POINT ENTERPRISES, INC.
2. The principal office address: 99 LONG NECK POINT RD
DARIEN, CT 06820
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 6-29-05 Document number: 05000093195
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)

FREDERICK J. WAINIO, JR.
320 HIGH TIDE DR, STE. 201
ST. AUGUSTINE, FL 32080

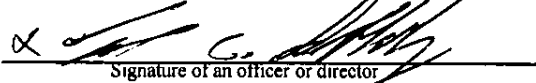
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

N/A - SAME
2450 OLD MOULTRIE RD., STE. 201
ST. AUGUSTINE, FL 32086

P.O. Box NOT acceptable

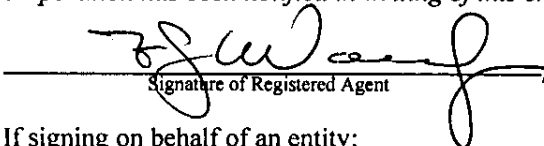
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Fred Abbenley
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

1-13-12
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)

FILED
STATE DEPT. OF STATE
DIVISION OF CORPORATIONS
12 MAR 29 PM 1:49