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### COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Longdown Management Inc.

Name of Corporation

DOCUMENT NUMBER: 02-048-4547

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:

Raymond W. David

Name of Contact Person

Longdown Management Inc.

Firm/Company

P.O. Box 1440

Address

Land O'Lakes, FL, 34639

City/State and Zip Code

raymond.david@verizon.net

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

For further information concerning this matter, please call:

Raymond David

,813

215-2320

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

statement of cha	nge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of Florida	this		
		or registered agent, or both, in the State of Florida.			
1. The name of t	he corporation: Longdown N	Management Inc.			
	office address: 11901 Pascell, FL, 34610	o Trails Blvd.	***************************************		
<del></del>	ddress (if different): P.O. Box	x 1440			
	Lakes, FL, 34639				
4. Date of incorp	poration/qualification:	2/95 Document number: 1905 000	154	103	
	I street address of the current reg tment of State: (If resigned, ente	gistered agent and registered office on file with the			
	Resigned				
			201	) \ (i	
			017 JAN 23	SE 3	
6. The name and (if changed):	street address of the new register	ered agent (if changed) and /or registered office	123 AM	TARY OF I	
	Raymond W. David	· 	9: 20	20 T	
	11901 Pasco Trails BLvd.				
	P.O. Box NOT acceptable				
	Spring Hill, Florida, 340				
The street addre as changed will	ess of its registered office and the be identical.	ne street address of the business office of its registe	red ager	ıt,	
Such change was authorized by th	s authorized by resolution duly board, or the corporation has	adopted by its board of directors or by an officer s been notified in writing of the change.	0		
AC	lesine	Raymond W. David - presiden	t	<u>-</u>	
l further agree t performance of l agent. Or, if th <b>i</b>	to comply with the provisions of my duties, and I am familiar wi is document is being filed merei	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as regis by to reflect a change in the registered office addres iotified in writing of this change.	stered ss, I		
1	De la Company	January 15, 2017			
Sigr	nature of Registered Agent	Date			
If signing on bel	half of an entity:				
Ту	yped or Printed Name	_			

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

## State of New Hampshire Department of State

#### CERTIFICATE OF INCORPORATION

OF

#### LONGDOWN MANAGEMENT, INC.

The undersigned, as Deputy Secretary of State of the State of New Hampshire, hereby certifies that Articles of Incorporation for the incorporation of LONGDOWN MANAGEMENT, INC., duly signed pursuant to the provisions of the New Hampshire Business Corporation Act, have been received in this office.

ACCORDINGLY the undersigned, as such Deputy Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Incorporation of LONGDOWN MANAGEMENT, INC. and attaches hereto a copy of the Articles of Incorporation.

IN TESTIMONY WHEREOF, I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 2nd day of November A.D. 1995

Robert P. Ambrose Deputy Secretary of State

