P01000101864

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COVER LETTER

Division of Corporations	£
SUBJECT: Registered Agent Change Name of Corporation	
DOCUMENT NUMBER: P07000107864	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Connie Lehman	
Name of Contact Person	
Bookkeeping and Clerical Services by Connic LLC	
Firm/Company	
4107 Longhorn Dr	
Address	
Sarasota, FL 34233	
City/State and Zip Code	
eonnie@bookkeepingandelerical.co	om
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Connie Lehman	at (941)777-3123 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address	Street Address:

Mailing Address:
Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, the on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.	is
		& Marine Service, Inc.	
	•	eek Rd, Sarasota, FL 34241	
3. The mailing a	uddress (if different):		
		Document number: P07000107864	
5. The name and		stered agent and registered office on file with the	
	Donald H Snyder, P.A.		
	5603 26th St W		
	Bradenton, FL 34207		
6. The name and (if changed):	I street address of the new registe	red agent (if changed) and /or registered office	ŗ
	William M. Barrett		
	5430 Howard Creek Rd.		
		P.O. Box NOT acceptable	_
	Sarasota, Fl. 34241		ယ္
The street addre	ss of its registered office and the be identical.	e street address of the business office of its registered	l agent,
Such change wa authorized by th	is authorized by resolution duly are board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.	
Rich	Bu	William M. Barrett, President	
-	e of an officer or director	Printed or typed name and title	
l hereby accept I further agree t of my duties, am document is bei corporation has	the appointment as registered as o comply with the provisions of a d I am familiar with and accept in the giled merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and complete perfor the obligation of my position as registered agent. Or ge in the registered office address, I hereby confirm to change.	rmance ; if this hat the
	nature of Registered Agent		
	natif of an entity:	Date	
5 2	· ···· ·		
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 (04/13)

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