

P07000123726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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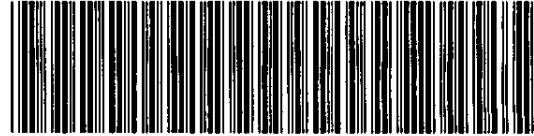
(Business Entity Name)

(Document Number)

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MAY 04 2015

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sailor's Return, Inc.
Name of Corporation

DOCUMENT NUMBER: P07000123726

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:

Virginia P. Sherlock, Esq.

Name of Contact Person

Littman, Sherlock & Heims, P.A.

Firm/Company

P.O. Box 1197

Address

Stuart, FL 34995

City/State and Zip Code

LSHLaw@bellsouth.net

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

For further information concerning this matter, please call:

Virginia P. Sherlock, Esq.

Name of Contact Person

at (772) 287-0200

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

Littman, Sherlock & Heims, P.A.

Attorneys at Law

To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn: Amendment Section

Date: April 23, 2015

Re: Sailor's Return, Inc.

ENCLOSED FOR:

<input checked="" type="checkbox"/>	Filing
<input type="checkbox"/>	Recording
<input type="checkbox"/>	Your information
<input type="checkbox"/>	Your signature
<input type="checkbox"/>	Per your request
<input type="checkbox"/>	Your records
<input checked="" type="checkbox"/>	Payment

PLEASE FIND: Statement of Change of Registered Office or Registered Agent or Both for Corporations for Sailor's Return, Inc. and check #43258 in the amount of \$35.00 for the filing fee. Please don't hesitate to contact our office if you have any questions. Thank you.

☐ No action required
☐ Other:



Inez L. Willis, Assistant

P.O. Box 1197, Stuart, Florida 34995
Phone: (772) 287-0200 Fax: (772) 283-1010

**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: Sailor's Return, Inc.
2. The principal office address: 625 SW Anchorage Way, Stuart, FL 34994
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/14/2007 Document number: P07000123726

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)

Norman, Kenneth A.

2400 SE Federal Highway, Fourth Floor

Stuart, FL 34994

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

Littman, Sherlock & Heims, P.A.

618 East Ocean Blvd., Suite 5

P.O. Box NOT acceptable

Stuart, FL 34994

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

Tracy W. Davis, VSD

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

4-17-15
Date

If signing on behalf of an entity:

Virginia P. Sherlock, President

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 (03/12)