

P08000 108306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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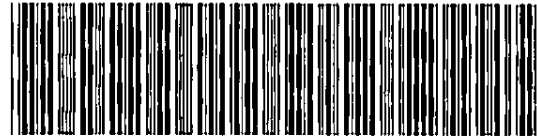
(Business Entity Name)

(Document Number)

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**HAYSKAR, WALKER, SCHWERER, DUNDAS & McCAIN, P.A.**  
**ATTORNEYS AT LAW**

GARRISON M. DUNDAS  
STEPHEN G. HAYSKAR  
STEVEN R. McCAIN (1949-2016)  
ROBERT V. SCHWERER  
JAMES T. WALKER

RENAISSANCE FINANCIAL CENTER  
130 SOUTH INDIAN RIVER DRIVE, SUITE 304  
FORT PIERCE, FLORIDA 34950  
TELEPHONE (772) 461-2310  
FAX (772) 461-6790

September 25, 2019

Department of State  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

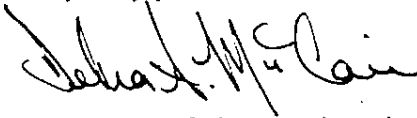
**RE: Statement of Change of Registered Office or Registered Agent or  
Both for Corporations**

Dear Sir/Madam:

Enclosed is the Cover Letter and Statement of Change of Registered Office or Registered Agent or Both for Corporations for Halbo North Too, Inc. along with a check in the amount of \$35.00 for same, requesting that the Registered Agent be changed.

Thank you for your attention to this matter.

Very truly yours,



Debra A. McCain, Legal Assistant to  
ROBERT V. SCHWERER, ESQUIRE  
/dam  
Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HALBO NORTH TOO, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P08000108306

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:

Robert V. Schwerer, Esquire

Name of Contact Person

Hayskar, Walker, et al, P.A.

Firm/Company

130 S. Indian River Dr., Suite 304

Address

Fort Pierce, FL 34950

City/State and Zip Code

schwererlaw@aol.com

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

For further information concerning this matter, please call:

Robert V. Schwerer

Name of Contact Person

at ( 772 ) 461-2310

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

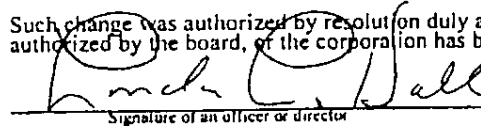
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR CORPORATIONS

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: Halbo North Too, Inc.
2. The principal office address: 1015 Seaway Drive, Fort Pierce, FL 34949
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/12/2008 Document number: P08000108306
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)  
Clarence Hall (Resigned)  
3312 Crabapple Drive  
Port St. Lucie, FL 34952
6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):  
Robert V. Schwerer  
130 South Indian River Drive, Suite 304  
P.O. Box NOT acceptable  
Fort Pierce, FL 34950


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

Linda L. Hall Vice 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

September 20, 2019  
Date

If signing on behalf of an entity:

Robert V. Schwerer  
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  
CR215045 (03/12)