(Re	questor's Name)	
(1.5	4200107011411107	
(Add	dress)	
`	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



300329407583

05/22/19--61003--00: **39.00

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DON CROWELL'S Boat Lift Repair, Inc
DOCUMENT NUMBER: \$\overline{11000042458}
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:
Name of Contact Person Donc Rowell's Boot Lift Repair Inc. Firm/Company 540 Richa Pl Address Pensacola Fl 32506 City/State and Zip Code Donc 8812 (Rowell @ Jahon. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Onald (Rowell at 850) 554-9945 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

CR2E045 (03/12)

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	
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Dan Crowell's Boath of Repair Troc. 2. The principal office address: 540 Rigida Pl Pensacola Fl 32506,	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 5032019 Document number: P11000042458	
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)	
Kristine A Crowell President	
540 Riola Plensacola, Fr 32506	
resigned	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Donald Rowell President All 22 All 2	
Donald (Rovel)	
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 If signing on behalf of an entity:	
Tond or District 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)