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(Re	equestor's Name)	
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## **COVER LETTER**

Division of Corporations
SUBJECT: Seque / / Jobstones Name of Corporation
DOCUMENT NUMBER: P/10000 75827
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 Convict Person  Seg-1 Industries Mayor Boarding Co.  Firm/Company
\$1183 Muirfield Way Address
Wiceville Fl. 32578  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Matt Cassida at (F50 ) 8517-6088  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

TO:

**Amendment Section** 

## 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: Seque! Adustries INC.  2. The principal office address: 1183 Mur field Way
2. The principal office address: 1183 Mvir field Way
Niccille FL 32578
3. The mailing address (if different):
4. Date of incorporation/qualification: \[ \begin{align*} \frac{\beta}{26/11} \] Document number: \[ \beta/1000075827 \]
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)
(In Lod States Cormeration Agents Inc.
United States Corporation Agents, Inc. 13300 Winding Oak Ct Ste A  Tompa F1 33617
15200 WINE 1 1 Oct 2 1 24 # B 38
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
matt cassidy 5
P.O. Box NOT acceptable
niceville F132578
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 other or director  Mother K. Cassidy Prisident 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.
22/10/3  Attainment Registered Agent Date
Oignature of Registered Agent Date
If signing on behalf of an entity:
Mather K. Cassicky Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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