P12000028624

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COVER LETTER

TO: Am

Amendment Section Division of Corporations

_{subject:}Maddo Hospitality, Inc.

Name of Corporation

DOCUMENT NUMBERS

P12000028624

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:

James S. Campbell

Name of Contact Person

Byrd Campbell, P.A.

Firm/Company

180 Park Avenue North, Suite 2A

Address

Winter Park, FL 32789

City/State and Zip Code

jcampbell@byrdcampbell.com

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

For further information concerning this matter, please call:

James S. Campbell

..850 \..308-7440

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

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Flo organized under the laws of the Stat registered agent, or both, in the Stat	te of Florida
1. The name of t	he corporation: Maddo Hospit	tality, Inc.	
2. The principal	office address: 113 Baybridge	e Drive, Gulf Breeze, FL 3	2561
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 3/23/201	2 Document number: P1	2000028624
5. The name and		ered agent and registered office on t	ile with the
	James S. Campbell / Be	ggs & Lane, RLLP	
	501 Commendencia Stre	eet	SEC SEC
	Pensacola, FL 32502		MIN AUG 15
6. The name and street address of the new registered agent (if changed) and /or registered of fice (if changed):			AHASSEE FLARE
	James S. Campbell / By	rd Campbell, P.A.	
180 Park Avenue North, Suite 2A			
P.O Box NOT acceptable			
	Winter Park, FL 32789		
The street address changed will	ess of its registered office and the be identical.	street address of the business office	e of its registered agent,
Such change wa authorized by the	is authorized by resolution duly ac be poars or the corporation has be	dopted by its board of directors or been notified in writing of the change	oy an officer so e.
JIR NATU	re of sp-officer or director	S. Brooks Moore Printed or typed name	and title
-l further agree (-nerformance of	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity ll statutes relative to the proper and and accept the obligation of my po to reflect a change in the registered ified in writing of this change.	d complete sition as registered
	MMU	8/7/2017	
	fature of Registered Agent half of an entity:	Date	
James S. C	·		•
	vped 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 * * *