

P140000004654

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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@ 3/10/14

1 of 2

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MOGA MARINE PRODUCTS & MANUFACTURING INC.
Name of Corporation

DOCUMENT NUMBER: P14000004654

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:

JOSEPH GAUDINO
Name of Contact Person
MOGA MARINE PRODUCTS & MANUFACTURING INC.
Firm/Company
7857 SW ELLIPSE WAY
Address
STUART FL 34997
City/State and Zip Code
MOGAMAN@LIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH GAUDINO at (772) 214 9407
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 MAR -7 PM 2:07

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

February 24, 2014

JOSEPH GAUDINO
MOGA MARINE PRODUCTS & MANUFACTURING INC
7857 SW ELLIPSE WAY
STUART, FL 34997

SUBJECT: MOGA MARINE PRODUCTS & MANUFACTURING INC.
Ref. Number: P14000004654

We have received your document for MOGA MARINE PRODUCTS & MANUFACTURING INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 014A00004070

**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: MOGA MARINE PRODUCTS + MANUFACTURING INC
2. The principal office address: 7857 SW ELLIPSEWAY
STUART FL. 34997
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1-15-14 Document number: A1400000 4654

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)
- ~~ABRAHAM ZAVIA~~ UNITED STATES CORPORATION AGENTS

- ~~101 N BRAND AVE GLENDALE CA 91203~~
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
- 13302 WINDING OAK COURT - A, TAMPA FLORIDA 33612

JOSEPH GAUDINO
7857 SW ELLIPSEWAY
STUART FL. 34997

P.O. Box NOT acceptable

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.

J. Gaudino - Pres
Signature of an officer or director

Joseph Gaudino - Pres
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, hereby confirm that the corporation has been notified in writing of this change.

J. Gaudino
Signature of Registered Agent

2/21/14
Date

If signing on behalf of an entity:

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB -7 PM 03