

P140000063004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

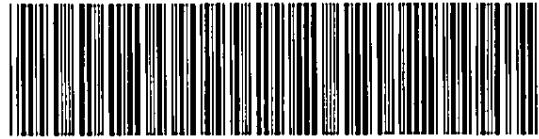
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAYSHORE GARDEN CENTER INC
Name of Corporation

DOCUMENT NUMBER: P14000063004

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:

CATHY SNYDER
Name of Contact Person

BAYSHORE GARDEN CENTER, INC
Firm/Company

17717 GULF BLVD UNIT 401
Address

Redington Shores, FL 33708
City/State and Zip Code

cathy@bayshoregardencenter.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHY SNYDER at (239) 841-0144
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

RECEIVED
18 SEP 26 11:00 AM
SECRETARY OF
TALLAHASSEE

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

September 24, 2018

CATHY SNYDER
BAYSHORE GARDEN CENTER, INC.
17717 GULF BLVD - UNIT 401
REDINGTON SHORES, FL 33708

SUBJECT: BAYSHORE GARDEN CENTER, INC.
Ref. Number: P14000063004

We have received your document for BAYSHORE GARDEN CENTER, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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

Irene Albritton
Regulatory Specialist II

Letter Number: 518A00019918

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

Pursuant to the provisions of sections 607.0502, 617.0502, 697.1508, 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: BAYSHOTZE GARDEN CENTER, INC.
2. The principal office address: 17717 GULF BLVD UNIT 401
REDINGTON SHORES FL 33708
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/23/2014 Document number: P14000063004

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)

RYAN WAGENFER (NO LONGER WORKS HERE)
5552 BILLINGS ST
LEHIGH ACRES, FL 33917

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CATHY SNYDER
17717 GULF BLVD, Unit 401
P.O. Box NOT acceptable
Redington Shores FL 33708

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.

Cathy J. Snyder
Signature of an officer or director

CATHY V. SNYDER MGR
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.

Cathy J. Snyder
Signature of Registered Agent

9/17/18
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

CR2E045 (03/12)

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2018 NOV -8 AM 10:03
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ALL AMERICAN
TALLAHASSEE, FLORIDA