## P140000 82983

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

JAN OG 2015
T. PLESSELLEN

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Registered Agent Address Change

Name of Corporation

DOCUMENT NUMBER:

P14000082983

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:

Jay J Hood

Name of Contact Person

Merritt Island Boat Works

Firm/Company

1210 Bertram Way

Address

Merritt IS, FL 32952

City/State and Zip Code

jayjhood@gmail.com

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

For further information concerning this matter, please call:

Jay J Hood

,918

9192255

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 ch	ange is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida State on organized under the laws of the State of Flori or registered agent, or both, in the State of Flori	da	
1. The name of	the corporation: Merritt Islan	d Boat Works, Inc		
2. The principal	office address: 1230 Sea F	Ray Dr, Merritt IS, FL 32952	<del></del>	
3. The mailing	address (if different): 1210 Be	ertram Way, Merritt Island, FL 329	52	
4. Date of incor	poration/qualification:	Document number:		
	d street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with the resigned)	he	
	Jay J Hood, Address:	7400 Ridgewood Ave #205		
	Cape Canaveral, FL 3	2920		
6. The name an (if changed):	-	ered agent (if changed) and /or registered office	14 DEC 30 SECRETARY TALLAHASSE	-7
	Cocoa Beach, Fl 32931			
	P.C	). Box NOT acceptable	2: 58 STATE LORID	
The street addr as changed wil	ess of its registered office and the identical.	ne street address of the business office of its reg	⇒ gistered agent,	
Such change w authorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an office been notified in writing of the change.	er so	
Jay Dight	Acres ure of an officer or director	Jay J Hood, President Printed or typed name and title	<del></del>	
I further agrēe performance o	to comply with the provisions of my duties, and I am familiar wi	agent and agree to act in this capacity. f all statutes relative to the proper and complet ith and accept the obligation of my position as ly to reflect a change in the registered office ad notified in writing of this change.	e registered ldress, I	
401	hod	12/22/2014		
$(I^{\circ}U)$	gnature of Registered Agent	Date		
	Evned or Printed Name	<del></del>		

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