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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Merritt Island Boat Works, Inc

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:

Cynthia Kane

Name of Contact Person

Merritt Island Boat Works, Inc

Firm/Company

1210 Nautical Way

Address

Merritt Island, FL 32952

City/State and Zip Code

ckane@merrittislandboatworks.com

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

For further information concerning this matter, please call:

Cynthia Kane

..321

735-7117

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 change is sub	bmitted for a corporation organ	12, 607.1508, or 617.1508, Florida Stati nized under the laws of the State of ered agent, or both, in the State of Flori		
1. The name of the corpor	ation: Merritt Island Boa	t Works, Inc		
2. The principal office add Merritt Island, FL	_{dress:} 1210 Nautical Way . 32952			
3. The mailing address (if	different):			
4. Date of incorporation/q	ualification: 10/08/2014	Document number: P140000	82983	
	dress of the current registered a State: (If resigned, enter resigned	agent and registered office on file with the	he	
resign	ed			
			55 55 E	
The name and street add (if changed):	dress of the new registered ager	nt (if changed) and /or registered office	16 NOV 22	Pring .
Richar	d Allender			
1210	Nautical Way P.O. Box NOT	·	PH 12: 2:	لعمد
Merritt	Island, FL 32952	ассерия	7	
The street address of its ras changed will be identiced	egistered office and the street	address of the business office of its reg	gistered agent,	
Such change was authorized by the board, o	led by resolution duly adopted the corporation has been no	by its board of directors or by an office tified in writing of the change.	er so	
Signatule of an optice	er or director	Richard Allender, President	<u>t</u>	
I hereby accept the appoil I further agree to comply performance of my duffes agent. Or, if this docume hereby confirm that the c	intment as registered agent and with the provisions of all statt a, and I am familiar with and a nt is being filed merely to refl orporation has been notified in	d agree to act in this capacity. utes relative to the proper and complet ccept the obligation of my position as r ect a change in the registered office ad n writing of this change.	e registered ldress, I	
Signature of Reg	istered Agent	11/16/16		
If signing on behalf of an				
Richard Allender				
Typed or Printe	d Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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