

P14000094162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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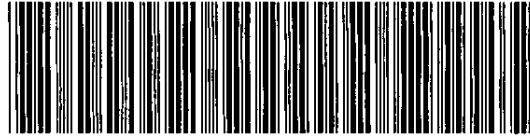
(Business Entity Name)

(Document Number)

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FILED  
15 JUN 29 PM 7:01  
TALLAHASSEE, FLORIDA

JUN 30 2015

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JUN 18 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2015

BROOKE GRONDZIK  
SEVENTH OF JULY, INC.  
949 LAWHON DRIVE  
SAINT JOHNS, FL 32259

SUBJECT: SEVENTH OF JULY INC.  
Ref. Number: P14000094162

FILED  
15 JUN 29 PM 7:01  
TALLAHASSEE, FLORIDA

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 915A00012830

RECEIVED  
15 JUN 29 PM 3:48  
BROOKE GRONDZIK  
SEVENTH OF JULY, INC.  
949 LAWHON DRIVE  
SAINT JOHNS, FL 32259

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Seventh of July, Inc  
Name of Corporation

**DOCUMENT NUMBER:** P14000094162

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:

Brooke Grondzik

Name of Contact Person

Seventh of July, Inc

Firm/Company

949 Lawhon Drive

Address

Saint Johns, FL 32259

City/State and Zip Code

bgrondzik@bellsouth.net

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

For further information concerning this matter, please call:

James Grondzik

Name of Contact Person

at ( 904 ) 536-5748

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**

*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: Seventh of July, Inc
2. The principal office address: 949 Lawhon Drive  
Saint Johns, FL 32259
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/19/2014 Document number: P14000094162

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)

Business Fillings Incorporated

515 E Park Ave

Tallahassee, FL 32301

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

James Grondzik

11744 Beach Blvd STE 105

P.O. Box NOT acceptable

Jacksonville, FL 32246

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.

  
Signature of an officer or director

Brooke Grondzik

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.*

  
Signature of Registered Agent

6/5/2015

Date

If signing on behalf of an entity:

N/A  
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)