

P16000025222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

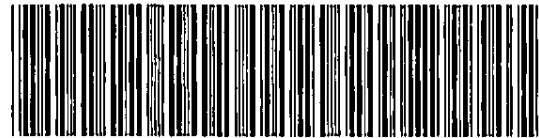
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900306392579

12/08/17--01020--001 **35.00

FILED
2017 DEC -8 PM 2:09

C GOLDEN

DEC 11 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **PUMPONATOR FUN INC**

Name of Corporation

DOCUMENT NUMBER: **P16000025882**

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:

ALBERT STARNES

Name of Contact Person

Firm/Company

1 INDEPENDENT DRIVE

Address

JACKSONVILLE FL 32202

City/State and Zip Code

CEO@PUMPONATOR.COM

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

For further information concerning this matter, please call:

DONNA SPIKES

Name of Contact Person

904 625-8702

at (_____) _____
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: PUMPONATOR FUN INC
2. The principal office address: 1 INDEPENDENT DRIVE JACKSONVILLE FL 32202
3. The mailing address (if different): P O BOX 24446 JACKSONVILLE FL 32241
4. Date of incorporation/qualification: 5/07/2012 Document number: P16000025882
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)

KENDRA GLENN

613 KNIGHTHOOD COURT

ST AUGUSTINE, FL 32092

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

ALBERT STARNES

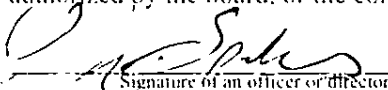
1 INDEPENDANT DRIVE

P.O. Box NOT acceptable

JACKSONVILLE FL 32202

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

DONNA SPIKES

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

11/30/2017

Date

If signing on behalf of an entity:

ALBERT STARNES

Typed or Printed Name

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