

PI6000030432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

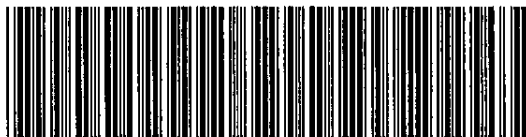
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2016 AUG - 1 AM 8:56

AUG 10 2016

C LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1st Mate Marine Services

Name of Corporation

DOCUMENT NUMBER: P16000030432

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:

Kyle McEnery

Name of Contact Person

1st Mate Marine Services

Firm/Company

PO Box 152923

Address

Cape Coral, FL 33915

City/State and Zip Code

kylemcenery@hotmail.com

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

For further information concerning this matter, please call:

Kyle McEnery

Name of Contact Person

at (239) 687-9151

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 1st Mate Marine Services INC.
2. The principal office address: 1057 NE 4th St
Cape Coral, FL 33909
3. The mailing address (if different): PO BOX 152923
CAPE CORAL, FL 33915
4. Date of incorporation/qualification: 04/04/2016 Document number: P16000030432
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)

MCENERY, KYLE D

MCENERY, KYLE D
1111 DIPLOMAT PARKWAY EAST
APT 4
CAPE CORAL, FL 33909

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

MCENERY, KYLE D
1057 NE 4th St
Cape Coral, FL 33909

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.

Kyle McEnery
Signature of an officer or director

Kyle McEnery

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.

Kyle McEnery
Signature of Registered Agent

7-22-2016

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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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE