

P16 0000 30596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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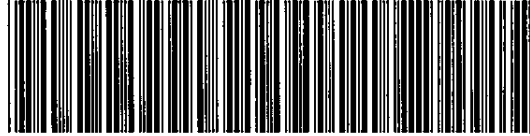
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32311

MAY 19 2016  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SNYDER MANUFACTURING, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P 16000030596

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 W. Snyder  
Name of Contact Person

Snyder Manufacturing, Inc.  
Firm/Company

5580 ZIP DRIVE  
Address

FORT MYERS, FL. 33905  
City/State and Zip Code

c.snyder@snyder-mfg.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia W. Snyder at (716) 945-0354  
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**

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: SNYDER MANUFACTURING, INC.  
2. The principal office address: 5580 ZIP DRIVE, FORT MYERS,  
FL 33905  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: \_\_\_\_\_  
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)

SNYDER, JAMES F  
4000 WAREHOUSE ROAD  
FORT MYERS, FL 33916

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

SNYDER, CYNTHIA W.  
5580 ZIP DRIVE  
P.O. Box NOT acceptable  
FORT MYERS, FL 33905

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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.

Cynthia W Snyder  
Signature of an officer or director

CYNTHIA W SNYDER, PRESIDENT  
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.*

Cynthia W Snyder  
Signature of Registered Agent

5/11/16  
Date

If signing on behalf of an entity:

CYNTHIA W. SNYDER  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE