

P160000036136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

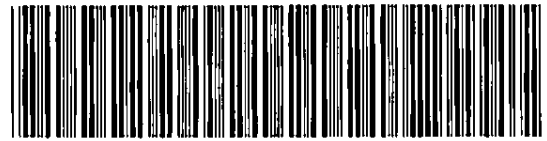
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



600339060606

01/10/20--01004--014 **35.00

2020 JAN 10 PM 12:56
TALLAHASSEE, FL 32301

FILED
20 JAN 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL 32301
10

JAN 13 2020

T. SCHNEIDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lightship Maritime, Inc

Signature _____

Requested by: Seth

01/09/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lightship Maritime, Inc.
Name of Corporation

DOCUMENT NUMBER: P16000036136

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:

Brian Raby

Name of Contact Person

Lightship Maritime, Inc.

Firm/Company

22722 29th Drive SE, Suite 100; PMB 10063

Address

Bothell, Washington 98021

City/State and Zip Code

brian.raby@lightshipmaritime.com

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

For further information concerning this matter, please call:

Brian Raby

Name of Contact Person

at (407)

256-8404

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: Lightship Maritime, Inc.
2. The principal office address: 22722 29th Drive SE, Suite 100, Bothell, WA 10063
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/21/2016 Document number: P16000036136
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)

Legalinc Corporate Services, Inc.

5237 Summerlin Commons, Suite 400

Fort Myers, FL 33907

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

Moseley, Prichard, Parrish, Knight & Jones, P.A.

501 W. Bay Street

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.

Brian Raby
Signature of an officer or director

Brian Raby, 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.

Richard K. Jones, V.P.
Signature of Registered Agent

01/10/2020

Date

If signing on behalf of an entity:

Richard K. Jones
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 (04/13)

FILED
20 JAN 10 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA