

P21000011141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

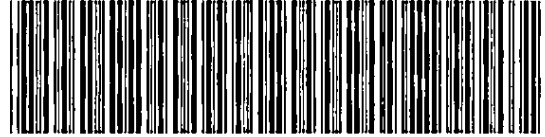
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200359845802

03/28/21--01024--014 \*\*\$5.00

2021 FEB 25 PM 1:14

1/12/21/21/21

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Seaside Controls Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P21000011141

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:

Jonathan Clark

Name of Contact Person  
Seaside Controls Inc.

Firm/Company  
4960 HWY 90 #259

Address  
PACE FL 32571

City/State and Zip Code  
jonathanc Clark@clarksinfl.com

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

For further information concerning this matter, please call:

Jonathan Clark at ( 850 ) 450-5469  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)