

P93000076839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

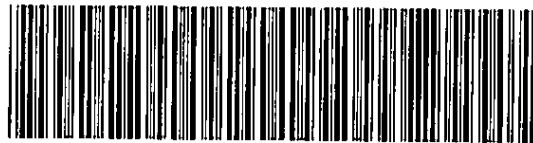
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800352056838

10/22/20--01008--013 **35.00

DEC 02 2020

DEC 02 2020

20/10 OCT 22 PM 2:18

R/A 264

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BYRNES FAMILY HOLDINGS, INC.
Name of Corporation

DOCUMENT NUMBER: P 93000076839

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:

JOHN P. BYRNES
Name of Contact Person

BYRNES FAMILY HOLDINGS, INC.
Firm/Company

P.O. BOX 2439
Address

TARFON SPRINGS, FL 34688
City/State and Zip Code

JUSTBECAUSE 427@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN BYRNES at (727) 415-3399
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)