## P93000076839

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
`		,
(Dc	ocument Number)	
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## **COVER LETTER**

	nendment Section vision of Corporations	٠	
SUBJECT: Name of Co	: BYRNES FAMILY torporation	toldings, Inc.	
DOCUME	NT NUMBER: P 930000	76839	
The enclose	ed Statement of Change of Registered Offic	ce/Agent and fee are submitted for filing.	
Please retur	rn all correspondence concerning this matte	er to the following:	
Name of Co	oth P. Byrnes ontact Person		
	YRAES FAMILY ITOLDING		
?	0. BOY 2439 1 SPRINGS, FZ 34 and Zip Code		
Address		<del></del>	
TARFO	1 SPRINGS, FZ 34	688	
City/State a	ind Zip Code		
	JUSTBECAUSE 427	@ GMAIL. CIM	
E-mail add	dress: (to be used for future annual repo	ort notification)	
For further	information concerning this matter, please	call:	
1	oth BYFHES	727 415-3399	
	Name of Contact Person	at (727) 4 (5-3399) Area Code & Daytime Telephone Number	
	a \$35.00 check made payable to the Depa		
	Mailing Address:	Street Address:	
	Mailing Address: Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## . 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: BYRNES FAMILY HOLDINGS, INC.
2. The principal office address: 19387 U.S. 19 NORTH
CLEHRWATTER, FL 33764
3. The mailing address (if different): P.O. BOX 2439 TARPON SPRINGS, FT 34688
4. Date of incorporation/qualification: 11-1-1993 Document number: P 930000 76839
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)
CT CORPORATION SYSTEM
1200 SOUTH PINE ROAD
PLANTATION, FL 33324
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  MICHAEL A BYRNES ESQ  123 READ ST  P.O. Box NOT acceptable
P.O. Box NOT acceptable
TARPON SPRINGS FL 34689
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.
Signature of an officer or director  Signature of an officer or director  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.
Signature of Registered Agent OctoBER 20, 2020  Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *