

793000082214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

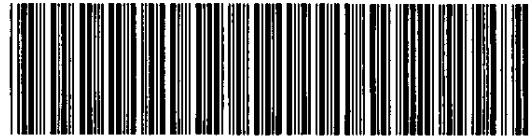
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400264146864

09/12/14--01022--012 **35.00

SEP 12 2014
FILING OFFICE, IL OFFICE

SEP 12 AM 10:21

FILED

SEP 19 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LYNN'S COMMERCIAL FISHING, INC.
Name of Corporation

DOCUMENT NUMBER: P93000082214

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:

JOSEPH ROBINSON
Name of Contact Person

Firm/Company
1647 SUNNYSIDE AVE
Address

JACKSONVILLE, FLORIDA 32224
City/State and Zip Code

GA_CAPT @YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHARLIE PHILLIPS at 912 223-3079
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: LYNN'S COMMERCIAL FISHING, INC.
2. The principal office address: 1647 SUNNYSIDE AVE
JACKSONVILLE, FL 32224
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/02/1993 Document number: P93000082214
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)

JOSEPH J. ROBINSON
1647 SUNNYSIDE AVE
JACKSONVILLE, FL 32224

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

CURTIS D. HEMMEL
1720 BAYSHORE DRIVE
P.O. Box NOT acceptable
TERRA CEIA, FLORIDA 34250

FILED
SEP 12 AM 10:21
TALLAHASSEE, FLORIDA

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.

Joseph J. Robinson
Signature of an officer or director

JOSEPH J. ROBINSON
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.

Curtis D. Hemmel
Signature of Registered Agent

9-9-14
Date

If signing on behalf of an entity:

CURTIS D. HEMMEL
Typed or Printed Name

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