

P96 000054 067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

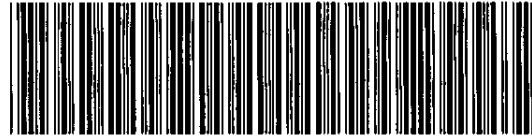
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100275162681

07/24/15--01004--012 **35.00

FILED
2015 JUL 24 PM 12:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUL 27 2014

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GREGORY MARINE INSURANCE, INC.
Name of Corporation

DOCUMENT NUMBER: P96000054067

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:

NOEL. Gregory Silberberg
Name of Contact Person

GREGORY MARINE INSURANCE, INC.
Firm/Company

10110 SW 62ND COURT
Address

OCALA, FL 33476.
City/State and Zip Code

gniships@hotmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NOEL. Gregory Silberberg at (305) 216-3069.
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**

FILED
2015 JUL 26 PM 4:23
SECRETARY OF STATE
FLORIDA

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GREGORY MARINE INSURANCE, INC.
2. The principal office address: 10110 SW 62ND CT.
OCEANA, FL 34476.
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/25/1996 Document number: P96000054067

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)

Silberberg, Noah G.
8260 SW 204TH ST.
Miami, FL 33189.

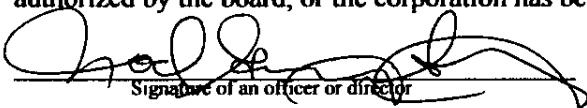
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Silberberg, Noah G.
10110 SW 62ND CT.
OCEANA, FL 34476

P.O. Box NOT acceptable

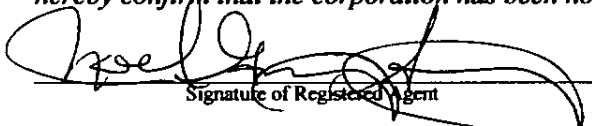
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Noah Gregory Silberberg
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

7/22/2015
Date

If signing on behalf of an entity:

Noah Gregory Silberberg
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE