## 96000076119 John H. Phi Pi Requestor's Name 3110 Capital Circle NE Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy ☐ Walk in Pick up time Certificate of Status ☐ Will wait Photocopy Mail out AMENDMENTS NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation

Reinstatement

Trademark

Other

R.A. Change 8-28-98

Examiner's Initials

LFT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 14, 1998

JOHN H. PHIPPS, INC. 3110 Capital Circle, NE Tallahassee, FL 32308

SUBJECT: PHIPPS HOTELS, INC. Ref. Number: P96000076119

We have received your document for PHIPPS HOTELS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6910.

Louise Flemming-Jackson Corporate Specialist Supervisor

Letter Number: 698A00042278



August 25, 1998

Ms. Louise Flemming-Jackson Corporate Specialist Supervisor Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Phipps Hotels, Inc.

Dear Ms. Flemming-Jackson:

In accordance with your letter dated August 14, 1998 (copy enclosed), we are enclosing your form for the Statement of Change for the Registered Agent.

Please call me at (850) 297-6086 if you have any questions.

Very truly yours,

lrw ildu

David E. Wilder

/kr

Enclosures

## 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, the
undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation is: PHIPPS HOTELS, INC.
2. The mailing address of the corporation is: 3110 Capital Circle, NE, Tallahassee,
FL 32308
3. Date of incorporation/qualification: 9/12/96 Document number: P96000076119
4. The name and address of the current registered agent and office:
7 9
3110 Capital Circle, NE
David E. Wilder  3110 Capital Circle, NE  Tallahassee, FL 32308  5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  Dennis O. Boyle
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Dennis O. Boyle
3110 Capital Circle, NE
Tallahassee, FL 32308
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.
8/24/98
(Signature of an officer, chairman or vice chairman of the board) (Date)
Dennis O. Boyle, President
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation. 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.
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(Signature of Registered Agent) (Date)
if signing on behalf of an entity.
(Typed or Printed Name) (Capacity)

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