

P96000079963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

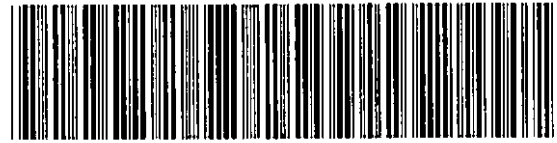
(Document Number)

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Officer signature

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 FEB -3 PM 5:17

RA Change

FEB 18 2020

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Dolphin Tours, Inc.
Name of Corporation

DOCUMENT NUMBER: P96000079963

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:

David A. James

Name of Contact Person

Florida Dolphin Tours, Inc.

Firm/Company

5495 S. Orange Blossom Trail

Address

Orlando, FL 32839

City/State and Zip Code

lisa@floridadolphintours.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Landman

at (

407 352-4646

) 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

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FILED
DEPT. OF STATE
DIV. OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2020

DAVID A JAMES
FLORIDA DOLPHIN TOURS, INC
5495 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

SUBJECT: FLORIDA DOLPHIN TOURS, INC.
Ref. Number: P96000079963

We have received your document for FLORIDA DOLPHIN TOURS, 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):

Please sign on the signature of an officer or director line.

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 020A00000987

2020 FEB -3 7:11:03

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: Florida Dolphin Tours, Inc.
2. The principal office address: 5495 S. Orange Blossom Trail, Orlando, FL 32839
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/26/96 Document number: P96000079963

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)

Paulus Law, PL

200 S. Orange Ave, Suite 2000

Orlando, FL 32801

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

Patty Mason

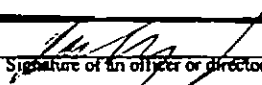
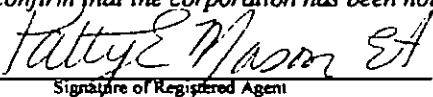
1003 Nathan Ridge Road

P.O. Box NOT acceptable

Clermont, FL 34715

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	<u>David A. James, President</u> Printed or typed name and title
<i>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.</i>	
 Signature of Registered Agent	<u>11-18-2019</u> Date

If signing on behalf of an entity:

Patty E. Mason EA.
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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