

P97000011258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

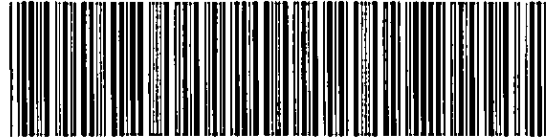
(Business Entity Name)

(Document Number)

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R. WHITE
JAN 23 2019

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2019 JAN 17 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Lagoon Partners, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000011258

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:

Scott Burt

Name of Contact Person

North Lagoon Partners, Inc.

Firm/Company

3901 Thomas Drive

Address

Panama City Beach, FL 32408

City/State and Zip Code

scott@cmmmarinas.com

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

For further information concerning this matter, please call:

Scott Burt

Name of Contact Person

at (850) 233-1633

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: North Lagoon Partners, Inc.
2. The principal office address: 3901 Thomas Drive
Panama City Beach, FL 32408
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2/4/1997 Document number: P97000011258
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)

W. Gerald Hamm
465 Grace Avenue
Panama City, FL 32401

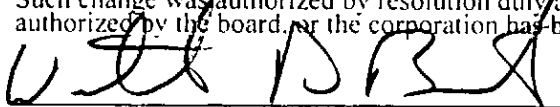
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

William D. Burt
1500 W. 11th Street
P.O. Box NOT acceptable
Panama City, FL 32401

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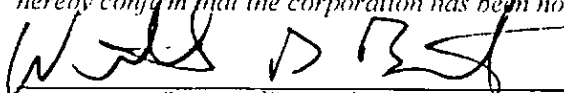
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

William D. Burt, 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.


Signature of Registered Agent

12/6/18
Date

If signing on behalf of an entity:

William D Burt
Typed or Printed Name

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