

P97000024936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

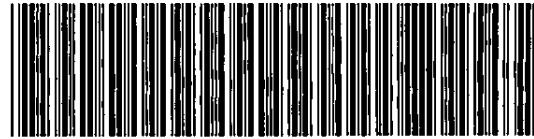
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 APR 24 AM 9:39

MAY 01 2017
C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hotel-Pak Gold, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000024936

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:

Kenneth F. Henline

Name of Contact Person

Hotel-Pak Gold, Inc.

Firm/Company

702 West Park Avenue, Warehouse D

Address

Edgewater, FL 32132

City/State and Zip Code

hotelpakgold@gmail.com

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

For further information concerning this matter, please call:

Kenneth F. Henline at 828 766-5278

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

17 APR 24 AM 9:39
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**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: Hotel-Pak Gold, Inc.
2. The principal office address: 702 West Park Avenue, Warehouse D, Edgewater, FL 32132
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/18/1997 Document number: P97000024936
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)

William B. Clarke

216 Dune Circle

New Smyrna Beach, FL 32169

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

Robert H. Bailey, Jr

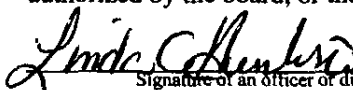
340 North Causeway

P.O. Box NOT acceptable

New Smyrna Beach, FL 32169

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

Linda Henline, Secretary
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

04/20/2017

Date

If signing on behalf of an entity:

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

17 APR 24 AM 9:39
DIVISION OF CORPORATIONS
SECRETARY OF STATE