

P9 70000 866 72

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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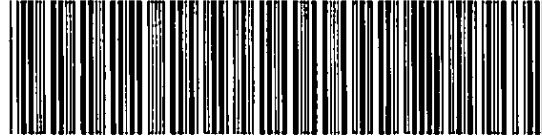
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 10 P 3 58

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T. LEMIEUX

PHOS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Scipio Creek Marina, Inc.

Name of Corporation

DOCUMENT NUMBER: P97000086672

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:

Alethea Walker

Name of Contact Person

Scipio Creek Marina

Firm/Company

P.O. Box 398

Address

Apalachicola, FL 32329

City/State and Zip Code

info@scipiocreekmarina.com

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

For further information concerning this matter, please call:

Alethea Walker

Name of Contact Person

at (850) 653-8030

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**

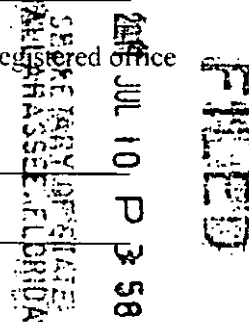
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Scipio Creek Marina, Inc.
2. The principal office address: 301 Market Street
3. The mailing address (if different): P.O. Box 398
Apalachicola, FL 32329
4. Date of incorporation/qualification: 10/06/1997 Document number: P97000086672
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)

Thelma A. Creamer
200 Ellis VanVleet St
Apalachicola, FL 32320

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

Trae Ross
301 Market Street
P.O. Box NOT acceptable
Apalachicola, FL 32320



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.

Thelma A. Creamer
Signature of an officer or director

Thelma A. Creamer, D
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.

Trae Ross
Signature of Registered Agent

7/3/17
Date

If signing on behalf of an entity:

TRA E Ross
Typed or Printed Name

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