Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H24000068380 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BUSINESS FILINGS Account Number : 105256001620

Phone : (608)827-5300 Fax Number

: (608)827-5501

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please.\*\*

nbarkei@renderotrust.com Email Address:

## REGISTERED AGENT CHANGE HAMILTON HARBOR MARINA, INC.

Certificate of Status	0
Certified Copy	Û
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help

## H24000068380 3

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607 0502, 617.0, inge is submitted for a corporation orga ir to change its registered office or regi	unized under the laws of the	State of Florida		
1. The name of t	the corporation: Hamilton Harbor Ma	rina, Inc.	·		
2. The principal	office address: 2550 Goodlette Rd. N.	, Naples, Florida 34103			
3. The mailing a	ddress (if different): 3665 East Bay Dr	ive, Suite 204, MR 435, Larg	o, FL 33771		
4. Date of incoη	ootation/qualification; 2/13/1998	Document number:	P98000914815		
5. The name and	I street address of the current registered tinent of State: (If resigned, enter resig Drumm, Thomas J.	agent and registered office o			
	999 Vanderbilt Beach Rd., #507	s s s s s s s s s s s s s s s s s s s			
	Naples, F1. 34108				
6. The name and (if changed):	l street address of the new registered ag			2024 FEB 20	ajil
	Business Filings Incorporated		i	~ 8 } ≻ <b>2</b>	Table 10
	1200 South Pine Island Road		<del></del>	TKS	9TI
P.O Box NOT acceptable					O
	Plantation, Florida 33324			F10 C	
The street addre	ess of its registered office and the street be identical.	et address of the business of	fice of its registe	red agent.	
	ns authorized by resolution duly adopt ne board, or the corporation has been i				
4/	W (1.00-	William Thomas, Vice			
•	le of an officer of director	Printed a typed			
I hereby accept I further agree to of my duties, and document is hel- corvoration has	the appointment as registered agent of to comply with the provisions of all sta of I om familiar with and accept the of my filed merely to reflect a change in a been notified in writing of this chang	nd agree to act in this capa ntutes relative to the proper bligation of my position as t the registered office addres: v.	ncity, and complete pe registered agent, s, I hereby confir	erformance Or, if this on that the	
March.		5th day of February	, 2024		
Sign	nanue of Registered Agent	Dite	· · · · · · · · · · · · · · · · · · ·	<del></del>	
• •	half of an entity:				
Chris Das, AVI	P				
	yjed or Printed Name				

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

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BON 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)