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SEGRETARY OF STATE ALLANASSEE. FLORIDA

200 S 700

COVER LETTER

TO:

Amendment Section Division of Corporations

Raynor Company Group

Name of Corporation

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:

Name of Contact Person

RAYNOR COMPANY GROUP

Firm/Company

DOUGLAS ROAD

kdallmann@theraynorgroup.com

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

For further information concerning this matter, please call:

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

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 61 ange is submitted for a corporation ir to change its registered office or	organized under the	laws of the State of	/ Florida	· ——
1. The name of	the corporation: Raynor Comp	any Group			
	office address: 350 Douglas F		smar, FL 3467	7	
3. The mailing a	address (if different):	<u> </u>			
4. Date of incor	poration/qualification: 06/04/19	91 Docume	ent number: S578	35	
The name and Florida Depart	I street address of the current regist timent of State: (If resigned, enter r	ered agent and regist esigned)	tered office on file	with the	
	Gary W. Lyons			_	
	311 S. Missouri Avenue			_	
	Clearwater, FL 33756		Į.	- A 編:	
The name and (if changed):	street address of the new registere	d agent (if changed)	and for registered		ゴーロ
	Erik P. Raines, Esq.		ν. 	アー	[7]
	101 East Kennedy Blvd.,			D THE	O
	Татра, FL 33602	x NOT acceptable		: 49 Rida	
The street addre	ss of its registered office and the s be identical.	treet address of the	business office of i	its registered a	agent,
Such change was authorized by th	s authorized by resolution duly ad e board, or the corporation has bee	opted by its board o	f directors or by ar g of the change.	officer so	
D-	e of an officer or director	1/	inted or typed name and t	_	<u> </u>
hereby accept further agree to performance of agent. Or if this hereby confirm	the appointment as registered age o comply with the provisions of al my duties, and I am familiar with a s document is being filed merely to that the corporation has been nati	nt and agree to act i I statutes relative to	in this capacity. the proper and co	molete	ed .
()		ERIR	RANES	7/11/	19
	ature of Registered Agent		Date	/	
t signing on bel	nalf of an entity:				
Ту	ped or Printed Name				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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