## 165151

(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Enuty Name)
(Document Number)
Certified Copies Certificates of Status
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## **COVER LETTER**

SUBJECT: The Commodore Sales & Rental Corporation Name of Corporation		
DOCUMENT NUMBER: V65151		
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:		
Jennifer L. Goodwin  Name of Contact Person		
Commodore Sales & Pental Corporation		
4715 Thomas Drive		
Panama City FL 32408  City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Oernifer Goodwin Name of Contact Person  at (\$50, 234.869) 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:0: Box 6327 Tallahassee: FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle		

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of chang	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Hoylds.	
	to change its registered office or registered agent, or both, in the State of Florida.  The corporation: Commodore Sales 1 Rental Corporation	
1. The name of the		
2. The principal o	office address: 4715 Thomas Drive Panama City F1. 32408	
3. The mailing add	ddress (if different):	
	= Game =	
4. Date of incorpo	oration/qualification: 9/19/1992 Document number: V65151	
5. The name and s	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
_	Jonnifer L. Goodwin	
	4405 Huckleberry Lane Lot 3	
_	Panamality Beach F1. 32409	
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office (address on the new registered agent)	, C
_	Jennifer L. Goodwin	
<del></del>	4715 Thomas Prive	
_	Panama City Fl. 32408	
The street address as changed will be	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
France	e of an officer or director  Ce or great CE ze //  Definited or typed name and title	
I further agree to performance of m agent. Or, if this	the appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered of the complete with and accept the obligation of my position as registered of the registered office address, I hat the corporation has been notified in writing of this change.	•
Punis Signat	Ger Goodwin 12/1/2014 = ==================================	
If signing on beha	ST 8 HT	
Tone	ped or Printed Name	
турс	* * * FILING FEE: \$35.00 * * *	
	Make checks payable to Florida Department of State	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)