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COVER LETTER

SUBJECT: JAMES E. DEAKINE JR P.A.
Name of Corporation

Please return all correspondence concerning this matter to the following:

P.O. Box 6327

CR2E045 (03/12)

Tallahassee, FL 32314

H75768

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

TO:

Amendment Section Division of Corporations

DOCUMENT NUMBER:___

JAMES E. DEAKYTE, JR
Name of Contact Person
Firm/Company
300 SALISBURY ST. Address
RENOBOTA BEACH, DE 19571
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES E. DEAKYNE IR at (302) 682-8566 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State. FILTS RE PREVIOUS by PAIN BY CHECK # 314
Mailing Address: Amendment Section Street Address: Amendment Section
Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



August 12, 2019

JAMES E. DEAKYNE, JR 300 SALISBURY STREET REHOBOTH BEACH, DE 19971

SUBJECT: JAMES E. DEAKYNE, JR., P.A.

Ref. Number: H75768

We have received your document for JAMES E. DEAKYNE, JR., P.A. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 019A00016596

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: JAMES E. DEAKYNE, JR CA.
2. The principal office address: 300 SALISBURY ST. RELACRETH BEACH, DE 19871
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/12/85 Document number: H75768
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)
RERECCA L. HAMILTON
721 FIRST AVENUE NORTH
St. (WTorsaung, FL 33701
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CHRISTOPHER C FERGUSON
111 SECOND AVENUE N.E.
111 SECOND AVENUE N.E. PO BON NOT acceptable ST. PETERSON FL 33701
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, of the corporation has been notified in writing of the change.
Signature of an officer of director (225) 72 A Thereby accept the appointment as registered agent and agree to act in this capacity.
I hereby accept the appointment as registered agent and agree to act in this capacity. 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 According to Date 7019
If signing on behalf of an entity:
CHRIST-PHEZ C. FERGUSON Typed of Printed Name
* * * FILING FEE: \$35.00 * * * Make Checks payable to Florida Department of State The Carlos of Printed Name *** FILING FEE: \$35.00 * * * We say the Carlo of 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) CR2E045 (03/12)