## Florida Department of State

## Division of Corporations Electronic Filing Cover Sheet

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To:			•
	Division of Corporations		
	Fax Number	: (850)617-6380	Î.
From:			
	Account Name	: C T CORPORATION SYSTEM	~
	Account Numbe	er : FCA0000000023	~ ::
	Phone	: (954)208-0845	_
	Fax Number	: (614)573-3996	
Enter th	e email address	s for this business entity to be used for future	

## REGISTERED AGENT CHANGE PARKER LAND CO.

Certificate of Status	0 ;
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Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of change is sub-	nitted for a corporation organ	2, 607, 1508, or 617, 1508, Florida Statute ized under the laws of the State of <u>Florida</u> ired agent, or both, in the State of Florida.	
The name of the corpora The principal office addr	tion: P ARKER L AND CO. ess: 4905 34th St. South #438 5	Saint Petersburg, FL 33711	
3. The mailing address (if d	ifferent):		
4. Date of incorporation/qu	Document number: 1.84060		
	ress of the current registered a ate: (If resigned, enter resigne	gent and registered office on file with the d)	
Ehrlich, Ja	cob		
4905 34th	St. South, 2d38		
Saint Peter	sburg, FL 33711		Za, :
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):			75 1 22
C T Corp	oration System		
1200 Sout	r Pine Island Road		:.
-· <del>- · · · · · · · · · · · · · · · · · </del>		NOI acceptable	37
Plantation.	Florida 33324		
The street address of its re as changed will be identicated.	gistered office and the street. il.	address of the business office of its regis	tered agent.
Such change was authorized by the board, o	ed by resolution duly adopted the corporation has been no	by its board of directors or by an officer offied in writing of the change.	· so
Signature of an officer	Addreshir	Jacob Ehrlich, VP	
I hereby accept the appoint I further agree to comply to of my duties, and I am fam document is being filed me corporation has been noted to T Comporation System.	tournet and a major and a major and	d agree to act in this capacity, ites relative to the proper and complete j gation of my position as registered agen e registered office address, I hereby conf	performanc t. Or if thi irm that the
Signature of Regi-	tered Agent	Ou (	
If signing on behalf of an	entity:		
Christine Kelm			
Typed or Printed	* * * FILING FE	E: \$35.00 * * *	

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

By: