P00000059293

Sentry management,nc.
2180 W State Road 434 Suite 5000 Longwood FL 32779-5044 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000156744920

06/10/09--01041--009 **35.00

FILED PHIS: 10

R.A. Change 6/11/09

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

Pursuant to the provisions of sections 607. statement of change is submitted for a corp in order to change its registered of	ooration organized under the	e laws of the State of <u>F</u>	FLORIDA	-
1. The name of the corporation: INLET PR	OPERTIES, INC.			
2. The principal office address: 2180 WES				
	OOD FL 32779-5044			
3. The mailing address (if different):				
4. Date of incorporation/qualification: 06/1	11/2000 Docume	ent number: P0000005	59293	
5. The name and street address of the current Florida Department of State:	nt registered agent and regis	tered office on file with	1 the	
LANDRY, CLAUDINE				
257 MINORCA BEA	.CH WAY		دم سـ	-
NEW SMYRNA BEAG	CH FL 32169		2009 JUN SECRET	-151
6. The name and street address of the new r (if changed):	egistered agent (if changed)	and /or registered offic	10 ARY SSE	
JAMES W HART	JR		PH 12: OF STA	Ö
	EMENT, INC./ 2180 WES	T SR 434 STE 5000	PATE ORNO	
LONGWOOD FL	•		D	
The street address of its registered office as changed will be identical.	and the street address of the	e business office of its	registered agen	ıt,
Such change was authorized by resolution authorized by the board, or the corporation	n duly adopted by its board in has been notified in writi	of directors or by an one of the change.	officer so	
Stylisselgate (Signature of an office or director)	\	7 PLEGHTE (Printed or typed name and tit	TRESIDENT	- -
I hereby accept the appointment as registe I further agree to comply with the provision of my duties, and I am familiar with and a document is being filed merely to reflect a corporation has been notified in writing o	ered agent and agree to act ons of all statutes relative to accept the obligation of my a change in the registered of this change.	t in this capacity o the proper and comp position as registered iffice address, I hereby	plete performan agent. Or, if the confirm that th	ce iis ie
		6/2/09		_
Signature of Declistered Agent)	· · · · · · · · · · · · · · · · · · ·	(Date)		
If signing on behalf of an entity:				
JAMES W HART JR (Typed or Printed Name)				
* * *	* FILING FEE: \$35.00 * *	* *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)