

P95000062400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600170927966

03/05/10--01009--025 **35.00

10 MAR - 5 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Handwritten signature and date: 3/8/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Charde Group Rentals, Inc.
Name of Corporation

DOCUMENT NUMBER: P950613388

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:

Allen DuQuet
Name of Contact Person

EXIT Charde Realty
Firm/Company

207 N. Collier Blvd.
Address

Marco Island, FL 34145
City/State and Zip Code

julie@charde.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Allen DuQuet at (239) 571-3000
Name of Contact Person 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.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Charde Group Rentals, Inc.
2. The principal office address: 207 N. Collier Blvd., Marco Island, FL 34145
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/11/1995 Document number: P95000062400
5. 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)

Morris, William G.

247 N. Collier Blvd., #202

Marco Island, FL 34145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joseph B. Charde

207 N. Collier Blvd.

P.O. Box NOT acceptable

Marco Island, FL 34145

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 MAR -5 PM 4: 29

APPROVED
AND
FILED

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, or the corporation has been notified in writing of the change.

Joseph B. Charde
Signature of an officer or director

Joseph B. Charde / Owner-Officer
Printed or typed name and title

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.

Joseph B. Charde
Signature of Registered Agent

3/2/2010
Date

If signing on behalf of an entity:

Typed or Printed Name

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