Electronic Filing Cover Sheet

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(((H070003015303)))



H070003015303ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6380

From: .Rosa Wong, Paralegal

Account Name : AKERMAN SENTERFITT (MIAMI)

Account Number : 075471001363 Phone : (305)374-5600 Fax Number : (305)374-5095

OUT DEC 18 AM 8: DO SECRETARY OF STATE

REGISTERED AGENT CHANGE

TOWN AND COUNTRY UTILITIES COMPANY

Certificate of Status	0	
Certified Copy	1	
Page Count	01	
Estimated Charge	\$87.50	

c/m.45031 193698.

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

15/2/18/07 14/10

12/18/2007

		+3053755095 T-133 P.02/02 F-775 CRED OFFICE OR REGISTERED AGENT OR DUTH CORPORATIONS
statement of	change is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name	of the corporation: Town and Cou	untry Utilities Company
	pal office address: 8000 State Ro Gorda, Florida 33982	ad 31
3. The mailir	ng address (if different):	•
4. Date of in	corporation/qualification: May 7, 1	998 Document number: P98000041499
	and street address of the current regis epartment of State:	stered agent and registered office on file with the
	Jack O. Hackett, II	
	99 Nesbit Street	
	Punta Gorda, Florida	33950
6. The name (if change		ed agent (if changed) and /or registered office
	9055 Ibis Boulevard	scorptable)
	West Palm Beach, Fl	orlda 33412
The street as changed	ddress of its registered office and the will be identical.	e street address of the business office of its registered agent,
Such change authorized l	e vas authorized by resolution duly by the board or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
	ignature of the officer of director)	Sydney W. Kitson, Director (Printed or typed name and title)
I hereby according to the second of my duties document is corporation George 800	cept the appointment as registered a refe to comply with the provisions of i, and I am familtar with and accept being filed merely to reflect a chan has been notified in writing of this er, Registered Agent	gent and agree to act in this capacity, all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.
30,900,	//~_	December 14, 2007
If signing o	(Sphanic of Registered Agent) n behalf of an entity:	(Date)

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

CR2E045 (8/05)