## 39155

(Requestor's Name)						
(Address)						
(Address)						
(City	//State/Zip/Phone	e #)				
PICK-UP_	☐ WAIT	MAIL				
(Bus	iness Entity Nar	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to I	Filing Officer:					
		<u> </u>				



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Office Use Only

R.A. change

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations			
SUBJI	ECT:	Saddlebag Lake F		<del></del>
DOCU	JMENT NUMBER: 391551			
The en	closed Statement of Change of I	Registered Office/A	gent and fee	e are submitted for filing.
Please	return all correspondence conce	rning this matter to	the following	ng:
		John R. Alex		
		(Name of contact	t person)	
		Saddlebag Lake R	esorts, Inc.	
		(Firm/Comp		<del></del>
		P.O. Box 3	20	
	<del></del>	(Address		<del></del>
		(1144,05	-,	
			_	
		La Belle, FL 3		
		(City/state and	zip code)	
For fur	ther information concerning this	matter, please call	;	
	John R. Alexander		af ( 863	, 675 <b>-</b> 2966
	(Name of contact person	n)	(Area co	de & daytime (elephone number)
Enclose	ed is a \$35.00 check made payal	ole to the Departme	nt of State.	
	Mailing Addre Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Ame Divis 409 I	et Address: Indment Section Sion of Corporations E. Gaines Street Shassee, FL 32399

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

-		502, 607.1508, or 617.1508, Florida Statutes, mized under the laws of the State of Florida	, this		
-	•	stered agent, or both, in the State of Florida.			
1. The name of the	he corporation: Saddlebag Lake Resor	rts, Inc.			
	office address: 640 South Main Street				
		30lo Fl 33975			
3. The mailing a	ddress (if different): P.O. Box 338, LaE	5010, 11 00070			
4. Date of incorp	poration/qualification: 11/17/1971	Document number: 391551			
	street address of the current registered tment of State:	agent and registered office on file with the			
	Patrick W.	Murphy	Fe S		
	640 South Main Street				
	LaBelle, Fl	L 33935	22		
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered office	OF STATE		
	John R. Al	exander	OM I		
640 South Main Street					
	(P.O. Box NOT acceptable	le)			
	LaBelle, F	L 33935			
The street addre	ss of its registered office and the stree be identical.	et address of the business office of its regist	ered agent,		
Such change wa	s authorized by resolution duly adopte board, or the corporation has been r	ed by its board of directors or by an officer notified in writing of the change.	·so		
Therefore	re of an officer of director)	John R. Alexander, Chairman & C	CEO		
, -	•	and agree to act in this capacity. atutes relative to the proper and complete p bligation of my position as registered agent the registered office address, I hereby confi te.	performance Or, if this irm that the		
10hul	Alexander	7/18/2005			
/ Sig	mature of Régistered Agent)	(Date)			
If signing on bel	half of an entity:				
	Vined or Printed Name)				

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