

P94000082305

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : INCORPORATING SERVICES FL
Account Number : I20050000052
Phone : (302) 531-0855
Fax Number : (850) 656-7953FILED
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TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

SCHOONER, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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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: Schooner, Inc.
2. The principal office address: Suite 205, 9010 Strada Stell Court
Naples, Florida 34109
3. The mailing address (if different): c/o The Park Associates, Inc.
280 Main Street, East Aurora, N.Y. 14052
4. Date of incorporation/qualification: 11/9/1994 Document number: P94000082305
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)
Resigned

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

Incorporating Services, LTD
1540 Glenway Drive
Tallahassee, Florida 32307
P.O. Box NOT acceptable

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.

Desoto
Signature of an officer of the corporation

John E. Smith, Vice Presid
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.

[Signature]
Signature of Registered Agent

9/11/09
Date

If signing on behalf of an entity:

Deirdre A. Curran
Typed or Printed Name, Asst. Secretary

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

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