

757563

(Deponent's Name)

BECKER &
POLIAKOFF

✱ 12140 Carissa Commerce Court
Suite 200
Ft. Myers, FL 33966

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

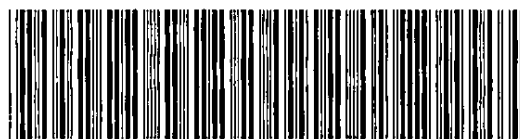
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/15/17--01014--005 **25.00

Handwritten signature
JUN 20 2017

R. Wint.



Joseph E. Adams, Esq.
Phone: (239) 433-7707 Fax: (239) 433-5933
jadams@bplegal.com

Six Mile Corporate Park
12140 Carissa Commerce Court, Suite 200
Fort Myers, Florida 33966

4001 Tamiami Trail North, Suite 410
Naples, Florida 34103

June 12, 2017

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Sea Winds of Marco, Inc.; Document Number: 757563

To Whom It May Concern:

Enclosed please find a *Statement of Change of Registered Office or Registered Agent or Both for Corporations* for the above-referenced Association. Also enclosed please find check number 2355 in the amount of \$35.00 to cover the cost of filing.

Thank you for your attention to this matter.

Very truly yours,

A handwritten signature in dark ink, appearing to read "Joseph E. Adams".

Joseph E. Adams
For the Firm

Enclosures (as stated)

JEA/sdi

ACTIVE 9832081_1

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF
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: **SEA WINDS OF MARCO, INC.**
2. The principal office address: **890 S. COLLIER BLVD., MARCO ISLAND, FL 34146**
3. The mailing address (if different):

4. Date of incorporation/qualification: **04/14/1981** Document number: **757563**
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)

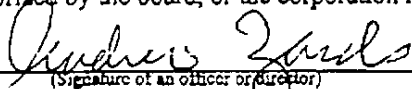
BECKER & POLIAKOFF, PA
1421 PINE RIDGE RD., SUITE 200
NAPLES, FL 34109

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

BECKER & POLIAKOFF, PA
4001 TAMiami TRAIL NORTH, SUITE 410
(P.O. Box NOT acceptable)
NAPLES, FL 34103

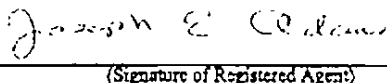
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


(Signature of an officer or director)

Andrew Zards, Secretary
(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 of Registered Agent)

MAY 30, 2017
(Date)

If signing on behalf of an entity:

JOSEPH E. ADAMS, ESQUIRE
(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)