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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE THE FLORIDIAN CLUB, INC.

Certificate of Status	0
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CT CORPORATION

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COVER LETTER

TO: Amend Divisio	Iment Section on of Corporations
SUBJECT: TH	ie floridian club, inc.
	Name of Corporation
DOCUMENT	190066 NUMBER:
The enclosed S	tatement of Change of Registered Office/Agent and fee are submitted for filing.
Please return al	Il correspondence concerning this matter to the following:
	Deb Fantini
	Name of Contact Person .
	Souve Enterprises L.L.C.
	Firm/Company
1	3400 East Lafayette
• `	Address
,	Detroit, MI - 48207
	City/State and Zip Code
•	deb.fantini@scave.com
•	E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Deb Fantini	313 567-0125 x235
	Name of Contact Person Area Code & Daytime Telephone Number
	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

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CT CORPORATION

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12/04/2012 10:16

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: THE FLORIDIAN CLUB, INC.
2. The principal office address; 11125 GULF SHORE DRIVE 301 NAPLES FL 34108 US
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/06/1956 Document number: 190066
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)
HELEN G, ATHAN
5551 RIDGEWOOD DRIVE, SUITE 501
NAPLES FL 34108
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road Plantation,
P.O. Box NOT soceptable Florida 33324
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 expression has been notified in writing of the change.
Signature class of street
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 duities, 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.
By Child System 12/3/2017 Date Date
If signing on behalf of an entity: Angel Shearer
Assistant Secretary Typed or Printed Name
* * * FILING PEE: 535.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CRESSAGE (6217)

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