(Requestor's Name)	
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COVER LETTER

TO:	Amendment Section Division of Corpor	on rations	**				
SUBJ	ECT:	MYERS REA	LTY INC				
			-				
DOC	UMENT NUMBER		207569				
The e	nclosed Statement of	Change of Registered Offic	e/Agent and	fee are submitted for filing.			
Please	Please return all correspondence concerning this matter to the following:						
		WILLIAM T. CO Name of Co	OLEMAN, E	SQ.			
		Name of Co	ntact Person				
		55000					
BRINKLEY MORGAN Firm/Company			**				
		1 0	 y				
		200 E LAS OLAS	S BLVD ST	T 1900			
			iress				
FORT LAUDERDALE, FL 33301 City/State and Zip Code				3301			
City/State and Zip Code							
		william.coleman@b	rinklevmord	an.com			
	E-mail address: (to be used for future annual report notification)						
For fu	rther information cor	ncerning this matter, please	call:				
	\M/illiam `	T. Coleman	05	A 500 0000			
		ontact Person	at (93)	522-2200 Code & Daytime Telephone Number			
Enclo	sed is a \$35.00 check	made payable to the Depar	tment of State	> .			
	Ai Di P.	ailing Address: mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Ai Di Cl	reet Address: nendment Section vision of Corporations ifton Building 61 Executive Center Circle			
		,		llahassee FI 32301			

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

Pursuant to the provisions of sections 607.0502, 617.050. statement of change is submitted for a corporation organing in order to change its registered office or register.	ized under the laws of the State of Florida	
1. The name of the corporation: MYERS REALTY	' INC	
2. The principal office address: 329 CLEMATIS STR		
WEST PALM BEACH, FL 33401 3. The mailing address (if different):		
4. Date of incorporation/qualification: 11/15/1957	Document number: 207569	
5. The name and street address of the current registered as Florida Department of State: (If resigned, enter resigned		
EDWIN R. MYERS		
329 CLEMATIS STREET		
WEST PALM BEACH, FL 33401		
6. The name and street address of the new registered agen (if changed):	nt (if changed) and /or registered office	onin CED
WILLIAM T. COLEMAN, ESQ.		5
200 EAST LAS OLAS BLVD., S	TE. 1900	
P.O. Box NOT	T acceptable	 >>
FORT LAUDERDALE, FL 33301		F
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered ag	gent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	d by its board of directors or by an officer so of the change.	
Signature of an officer obdirector	Richard P. Myers, President Printed or typed name and title	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblidecument is being filed merety to reflect a change in the corporation has been notified in writing of this change.	utes relative to the proper and complete perform ligation of my position as registered agent. Or, i he registered office address. I hereby confirm tha	iance if this it the
Signature of Registered Agent	Date	—
If signing on behalf of an entity:		
Typed or Printed Name		

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