

394 619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

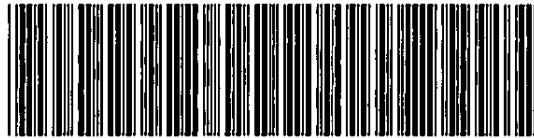
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800103407298

05/30/07--01000--009 **35.00

Lochy

FILED

07 MAY 30 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUN 04 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KING'S GATE CAMPER'S HOLIDAY, INC
(Name of Corporation)

DOCUMENT NUMBER: 394619

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNN A. MOREY JR
(Name of Contact Person)

KING'S GATE CAMPER'S HOLIDAY, INC.
(Firm/Company)

3270 LAKE POINTE BLVD, #233
(Address)

SARASOTA, FL 34231-2611
(City/State and Zip Code)

For further information concerning this matter, please call:

LYNN A. MOREY JR at (941) 725-2533
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$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

**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: KING'S GATE CAMPER'S HOLIDAY, INC.
2. The principal office address: 3270 LAKE POINTE BLVD, # 233
SARASOTA, FL 34231-2611
3. The mailing address (if different): " "
" "
4. Date of incorporation/qualification: 01/26/1972 Document number: 394619

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LYNN A. MOREY JR
5743 ASHTON WAY
SARASOTA, FL 34231-6280

FILED
07 MAY 30 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LYNN A. MOREY JR
3270 LAKE POINTE BLVD, # 233
(P.O. Box NOT acceptable)
SARASOTA, FL 34231-2611

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.

Lynn A. Morey III
(Signature of an officer or director)

LYNN A. MOREY III, Treas.
(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.

Lynn A. Morey Jr
(Signature of Registered Agent)
LYNN A. MOREY JR
If signing on behalf of an entity:

5-24-07
(Date)

(Typed or Printed Name)

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