## 532233

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## **COVER LETTER**

Division of Corporations
SUBJECT: St. Marks Yacht Club. Inc
SUBJECT: St. Marks Yacht Club, Inc. Name of Corporation
DOCUMENT NUMBER: 532233
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:
'.
Mike Pruitt
Name of Contact Person
St. Marks Yacht Club
Firm/Company
26 Vacht Inn
36 Yacht Lane Address
, sam vo
St. Marks, FL. 32355  City/State and Zip Code
City/State and Zip Code
mpruitt@phpm.com
E-mail address: (to be used for future annual report notification)
2 mai address. (to be used for future aimain report nonneation)
For further information concerning this matter, please call:
Mike Pruitt at (850 ) 566-8158 Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
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Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Street Address:  Amendment Section
Division of Corporations  Division of Corporations  Division of Corporations
P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

CR2E045 (8/05)

TO:

Amendment Section

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

statement of change	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of <u>Florida</u> change its registered office or registered agent, or both, in the State of Florida.
1. The name of the c	05 W-1 V 1 01 1 W
	ce address: 36 Yacht Lane
3. The mailing addre	St. Marks, FL. 32355 ss (if different):
<del></del>	P.O. Box 114 St Marks, FL. 32355
4. Date of incorporat	ion/qualification: 4-25-1977 Document number:532233
	et address of the current registered agent and registered office on file with the at of State: (If resigned, enter resigned)
	Billy Bishop
·	111 Crabapple Lane
•	St. Marks, FL. 32355
6. The name and stre (if changed):	et address of the new registered agent (if changed) and /or registered office  Ronald Norton
	36 Yacht Lane Box 52 P.O. Box NOT acceptable
	St. Marks, FL. 32355
The street address o	f its registered office and the street address of the business office of its registered agent, dentical.
-	thorized by resolution duly adopted by its board of directors or by an officer so ard, or the corporation has been notified in writing of the change.
Signature of a	n officer or director  ROBERT MICHAEL PRUITT, COMMODORS  Frinted or typed name and title  CEO
I further agree to co of my duties, and I do document is being for corporation has bee	appointment as registered agent and agree to act in this capacity, in the provisions of all statutes relative to the proper and complete performance of familiar with and accept the obligation of my position as registered agent. Or, if this led merely to reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.  Of Registered Agent
If signing on behalf	$\mathcal{S}$
Typed o	r 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)