## 560346

TRANSMITTAL LETTER

SUBJECT: BARAGAR-GIBSON REAL ESTATE, INC.		
(Name of corporation)	1 10-1-	
DOCUMENT NUMBER: 560346		
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.	
Please return all correspondence concerning this matter to the i	following:	
EDWARD P. GUTTENMACHER, ESQ. (Name of person)	9000084239491	
GUTTENMACHER & BOHATCH, P.A.	-19/17/0201048002 *****35.00 *****35.00	
(Name of firm/company)		
2600 DOUGLAS RD., PH-8 (Address)	- * · ·	
CORAL GABLES, FL 33134		
(City/state and zip code)	,	
For further information concerning this matter, please call:	•	

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

EDWARD P. GUTTENMACHER

(Name of person)

TO:

Amendment Section Division of Corporations

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
02 OCT 17 PM 12: 55
SECRETARY OF STATE
TALL AHASSEE, FLORID

RAJROChange

442-4911

(Area code & daytime telephone number)

CR2E045(07/02)

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

	provisions of sections 60			
this statement o	f change is submitted for a in order to change			the State of or both, in the State
of Florida.				
1. The name of	the corporation: BARAGAF	R-GIBSON REAL EST.	ATE, INC.	
2. The principal	office address: 30515 OV	ERSEAS HIGHWAY, E	BIG PINE KEY, FL 33	043
3. The mailing	address (if different): 2116	ORCHARD PARK DF	RIVE, SPRING HILL,	FL 34608
4. Date of incor	poration/qualification:0	2/23/78	Document number:	560346
	d street address of the curre rtment of State: LYNNE H. FIELDER, ESQ		nd registered office (	on file with the
	19980 OVERSEAS HIGHV	*****		<u> </u>
	SUGARLOAF KEY, FL 33	)42		
6. The name a changed):	nd street address of the ne		if changed) and /or	registered office (if
	2600 DOUGLAS RD., PH-8	or personal mailbox NOT acce	entable)	<del></del>
	CORAL GABLES, FL 3313	_		
The street addragent, as change	ess of its registered office and will be identical.	and the street addres	s of the business of	fice of its registered
Such change wanthonized by	as authorized by resolution he board, or the corporation	n duly adopted by its n has been notified i	board of directors on writing of the cha	or by an officer so nge.
(Signature of an office	r, chairman or vice chairman of the boa	rd)	TA MCSORLEY, DIR (Printed or typed name and to	tle)
I hereby accep I further agree performance o registered age office address,	t the appointment as regist to comply with the provist f my duties, and I am famil at. Or of this document is I hereby confirm that the	Fréd agent and agre ons of all statutes re iar with and accept i being filed merely to corporation has been		
M	WI KANT		10/12/0	<u> </u>
If signing on beha	Agnature of Registered Agent)  If of an entity:		(Date)	02 OC SECRE
-	Typed or Printed Name)		(Capacity)	- ASA T
		ILING FEE: \$35.00		7 PH 7 PH SEE, FI
	Make checks payable to Division of Corporation	Florida Department of NS, P.O. Box 6327, Talla	STATE AND MAIL TO: HASSEE, FL 32314	SIA)