605125

(Red	questor's Name)				
(Address)					
(Add	dress)				
(City	//State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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PA Change

MAY 27 2010

COVER LETTER

TO: Amendment Section Division of Corporations	•							
SUBJECT: Cunningham & Raskin, Inc. Name of Corporation								
DOCUMENT NUMBER:	605125							
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 Luetgert Name of Contact Person								
Michael Moecker & Associates, Inc.								
	Firm/Company							
14	09 West Swann Ave. Address							
	Audiess							
	Towns El 22606							
	Tampa, FL 33606 City/State and Zip Code							
mluetgert@moecker.com E-mail address: (to be used for future annual report notification)								
E-man address: (to be used for future annual report nonfication)								
For further information concerning this matter, please call:								
Willard A. Blair, Esq.	at (813) 229-7600							
Name of Contact Person	at (813) 229-7600 Area Code & Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the Department of State.								
Mailing Address: Amendment Secti Division of Corpo P.O. Box 6327 Tallahassee, FL 3	orations Division of Corporations Clifton Building							

· TO:

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

statement of cha	nge is submitted for a co	rporation organized	107.1508, or 617.1508, Floria I under the laws of the State o	f Florida
			l agent, or both, in the State o	f Florida.
	the corporation: Cunni	-	nn Ave., Tampa, FL 33	
2. The principal	office address: ((VLVV)	1400 WC31 OWE	im Ave., Tampa, 1 2 00	
3. The mailing a	address (if different): (NE	EW - same as P	rincipal)	
	est Swann Ave., Tai			
4. Date of incor	poration/qualification:	04/17/1974	_ Document number:	605125
	d street address of the currement of State: (If resign	•	t and registered office on file	with the
	Hawk Island Leasi	ng II, LLC		
	3501 Cattlemen Ro	oad Suite C		
	Sarasota, FL 3423	2 US		be ,
6. The name and (if changed):	d street address of the nev Willard A. Blair, Es	,	f changed) and /or registered	10 HAY 27 SE CRE TAR AII AHASS
	101 E. Kennedy Bl	P.O. Box NOT ac		— 2s - •
	Tampa, FL33602	·		
The street addr as changed will	ess of its registered offic l be identical.	e and the street add	dress of the business office of	of its registered agent,
M.).1	welgest as t	ion duly adopted b tion has been notifi Mullimid	y its board of directors or by ed in writing of the change. Mike Luetgert, F	President
I hereby accept I further agree of my duties, at document is be	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflect s been notified in writing	isions of all statute d accept the obliga it a change in the r	Printed or typed name as gree to act in this capacity is relative to the proper and the proper and the strength of my position as regist egistered office address, I he	
Si	gnature of Registered Agent	<u></u>	Date	
If signing on be	ehalf of an entity:			
	wed or Printed Name			

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