## 706376

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
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SECRETARY OF STATE TALLAHASSEE FI OBITS.

R.A.

Braun 12-8-11

## **COVER LETTER**

SUBJECT:	Sarasota Harbour A	Apartments Inc.	
DOCUMENT NUMBE	R:	706376	
The enclosed Statement of	of Change of Registered Office	e/Agent and fee are submitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kevin T. W Name of Con	/ells, Esq	
<del></del>	The Law Offices of I		
1800 Second Street, Suite 808			
	Sarasota, Fl City/State an	orida 34236 d Zip Code	
E-ma	kwells@kevinv il address: (to be used for fo	vellspa.com uture annual report notification)	
For further information co	oncerning this matter, please c	all:	
Kevin T	. Wells, Esq.	at ( 941 ) 366-9191 Area Code & Daytime Telephone Number	
Name of C	Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 chec	k made payable to the Depart	ment of State.	
<i>A</i> I F	Mailing Address: Limendment Section Division of Corporations LO. Box 6327 Callahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S ange is submitted for a corporation organized under the laws of the State of $\underline{F}$ ar to change its registered office or registered agent, or both, in the State of Fi	Florida	
	the corporation: Sarasota Harbour Apartments Inc office address: 1877 Northgate Blvd., #4, Sarasota, Florida 3423	34	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 11/05/1963 Document number:	706376	
	street address of the current registered agent and registered office on file with them to f State: (If resigned, enter resigned)	th the	
	Law Offices of KevinT. Wells, PA	_	
	1800 Second Street, Suite 803		
	Sarasota, Florida 34236	2011 DEC SECRET	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	ARY SSE	HE
	Law Offices of Kevin T. Wells, PA	PM 12:	C
	1800 Second Street, Suite 808 P.O. Box NOT acceptable	50 SELECTION	
	Sarasota, Florida 34236	. ••••	
The street addre	ess of its registered office and the street address of the business office of its be identical.	s registered agent,	
-	as authorized by resolution duly adopted by its board of directors or by an ele board, or the corporation has been notified in writing of the change.		
Michael	MICHAE MANNING:  of an officer or director)  Printed or typed name and title	185 Seaf	
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and com d I am familiar with and accept the obligation of my position as registered no filed merely to reflect a change in the registered office address, I hereb been notified in writing of this change.	aplete performance d agent. Or, if this by confirm that the	
Sign	nature of Registered Agent Date	2011	
If signing on bel	half of an entity:		
Kev.	ped or Printed Name		

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