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For further information concerning this matter, please call:

(Name of Contact Person) at (727) 548-9402 (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

2

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 \_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DREW Gardon Apartmen TSUMITIL, INC		
2. The principal office address: 1325 Drew SJ.		
Churwater, FL 33755		
3. The mailing address (if different): $1350$ 66 th ST M. SUITE 124		
LAPGO, FL 33773		
4. Date of incorporation/qualification: 1+ 02/64 Document number: 707 909		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:		
J. WIECZNER		
1339 DREWST		
Chearwater FL 37755		
6. The name and street address of the new registered agent (if changed) and /or registered office		
- HOLIDAY ISLES PROPERTY MAME, INC		
11350 66 of. N # 124 22 NOT acceptable)		
LARGO FL 33773		

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.

Aut in Wulant (Printed or typed name and tille)

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.

(Signature of Registered Agent)	/ 28/14/ (Date)
If signing on behalf of an entity:	
(Typed or 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)