

721829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

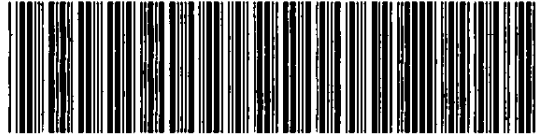
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400162170994

11/09/09--01026--005 **35.00

LA to ch

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -9 PM 12:52

T Roberts NOV 11 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marco Inn Villas, Inc.
Name of Corporation

DOCUMENT NUMBER: 721829

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:

Karen Hearn
Name of Contact Person

Miracle Property Management
Firm/Company

267 No. Collier Blvd. Suite 201
Address

Marco Island, FL 34145
City/State and Zip Code

karen@mpm-fl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Hearn at (239) 970-2747
Name of Contact Person Area Code & Daytime Telephone Number

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

Street Address:
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**

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

1. The name of the corporation: Marco Inn Villas, Inc.
2. The principal office address: 267 No. Collier Blvd., Marco Island, FL 34145
3. The mailing address (if different): P.O. Box 1445, Marco Island, FL 34146
4. Date of incorporation/qualification: 10/05/1971 Document number: 721829

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

New Beginnings

950 N Collier Blvd. Ste 420

Marco Island, FL 34145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Miracle Property Management

267 No. Collier Blvd. Suite 201

P.O. Box NOT acceptable

Marco Island, FL 34145

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.

Kathleen Jacobs
Signature of an officer or director

Kathleen Jacobs, Treas.
Printed or typed name and title

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.

Kathleen Jacobs
Signature of Registered Agent

11/4/09
Date

If signing on behalf of an entity:

Miracle Property Management
Typed or Printed Name

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 NOV -9 PM 12:52