739145

(Requestor's Name)							
(Address)							
(1.001033)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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Contract Contract Contract

BIRAUG 23 BE THE INC

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RARCICHE

AUG 2 4 2018

I ALBRITTON

COVER LETTER

Division of Corporations							
MARCO ISLAND AREA ASSOCIATION OF REALTORS, INC.							
Name of Corporation							
DOCUMENT NUMBER: 739145							
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:							
William G. Morris, Esq.							
Name of Contact Person							
Law Offices of William G. Morris, P.A.							
Firm/Company							
247 N. Collier Blvd., Suite 202							
Address							
Marco Island, FL 34145							
City/State and Zip Code							
wgm@wgmorrislaw.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
William G. Morris, Esq. at (239)642-6020 Name of Contact Person Area Code & Daytime Telephone Number							
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 Street Address: Amendment Section							

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

Amendment Section

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

statement of cha	inge is submitte	d for a corporation o	7.0502, 607.1508, or 617.1508, rganized under the laws of the egistered agent, or both, in the .	State ofF	lorida	his ——	
1. The name of	the corporation:	MARCO ISLAN	D AREA ASSOCIATION	OF REAL	_TOR	S, INC) .
2. The principal	office address:	140 WATERW	/AY DRIVE, MARCO	ISLAND	, FL	3414	5
3. The mailing a	address (if differ	rent):					
4. Date of incor	poration/qualifi	cation: 5/24/197	7 Document number:	73914	5		
		of the current register (If resigned, enter re-	red agent and registered office (signed)	on file with	the		
	Shirley A	A. English (Res	igned)				
	140 Wat	terway Drive					
	Marco Is	sland, FL 3414	5		霉儿	26	
6. The name and (if changed):	d street address	of the new registered	agent (if changed) and /or regi	stered offic	VIII PIII V	2019 AUG	
	William C	G. Morris			1388 1387 1387	23	
	247 N. C	ollier Blvd., Su				AM 7:	
	Marco Is	P.O. Box land, FL 34145	NOT acceptable		ALC:		
The street address changed will	ess of its registe be identical.	ered office and the st	reet address of the business of	fice of its r	egistere	ed agen	ıt,
			pted by its board of directors on notified in writing of the cha				
C Tree	ire of an officer or di	est	Gary Elliott, Pre	sident			
I further agree performance of agent. Or if th	to comply with my duties, and is document is	the provisions of all 'I am familiar with a being filed merely to	It and agree to act in this capa statutes relative to the proper nd accept the obligation of my reflect a change in the registe led in writing of this change.	city. and complo position a cred office o	ete s regist uddress	ered v, I	
	<u> </u>		August 2	2, 2018			
If signing on be	thalf of an entit	\int	Date			_	
William G							
T	vned or Printed Nam	<u> </u>					

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