

742 862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

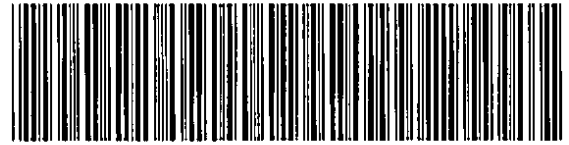
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800325541098 ✓

04/01/19--01001--020 \*\*10.00

02/28/19--01002--017 \*\*25.00

S TALLENT

APR 01 2019

APR 01 2019  
10:07 PM  
10:07 PM

Handwritten signature/initials: A-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 8, 2019

JANET KANES, CAM  
SEASCAPE OF LITTLE HICKORY ISLAND, INC.  
25810 HICKORY BLVD.  
BONITA SPRINGS, FL 34134

SUBJECT: SEASCAPE OF LITTLE HICKORY ISLAND, INC.  
Ref. Number: 742862

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE FORM YOU SUBMITTED IS FOR A LIMITED LIABILITY COMPANY AND YOUR ENTITY IS A CORPORATION. PLEASE COMPLETE THE FORM PROVIDED AND RESUBMIT.

AN ADDITIONAL \$10.00 FILING FEE WILL BE REQUIRED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 619A00004748

RECEIVED

2019 MAR 27 PM 2:44

CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Seascape of Little Hickory Island, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 742862

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:

Janet Kanes, CAM  
Name of Contact Person

Seascape of Little Hickory Island, Inc.  
Firm/Company

25810 Hickory Blvd.  
Address

Bonita Springs, FL 34134  
City/State and Zip Code

seascapejanet@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Kanes at ( 239 ) 992-3113  
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: Seascope of Little Hickory Island, Inc.  
2. The principal office address: 25810 Hickory Blvd., Bonita Springs, FL 34134

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 5/11/1978 Document number: 742862

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)

Mark E. Adamczyk, Esq.

5644 Tavilla Circle #105

Naples, FL 34110

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

Richard D. DeBoest, Esq.

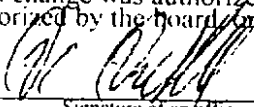
2030 McGregor Blvd.

P.O. Box NOT acceptable

Fort Myers, FL 33901

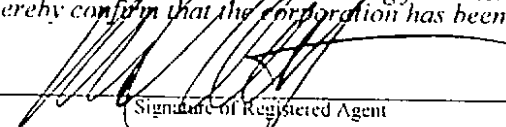
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
\_\_\_\_\_  
Signature of an officer or director

DAVID DEGRAFF President  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Signature of Registered Agent

3/22/19  
\_\_\_\_\_  
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 (03/12)