745753

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SECRETARY OF STATE
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ANTIAHASSEE, FLORIDA

JAN 1 6 2013

T. ROBERTS

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Catamaran II, Incorporated

Name of Corporation

OCUMENT NUMBER: 745753

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:

Mary R. Harvey, Esquire

Name of Contact Person

Mary R. Harvey, Esquire, P.L.

Firm/Company

6968 Heritage Drive

Address

Port St. Lucie, FL 34952

City/State and Zip Code

mharveylaw@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary R. Harvey, Esquire

_.772 _{..}403-5855

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Catamaran II, Incorporated
2. The principal	office address: 2400 S. Ocean Drive, Ft. Pierce, FL 34949
3. The mailing a	ddress (if different): PO Box 15279, Ft. Pierce, FL 34979
4. Date of incorp	poration/qualification: 01/30/1979 Document number: 745753
	d street address of the current registered agent and registered office on file with the ettment of State: (If resigned, enter resigned)
	Mary R. Harvey, Esquire, P.A.
	850 NW Federal Highway
	Stuart, FL 34994 I street address of the new registered agent (if changed) and /or registered office Mary R. Harvey, Esquire, P.L.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
	Mary R. Harvey, Esquire, P.L.
	6968 Heritage Drive
	P.O. Box NOT acceptable Port St. Lucie, FL 34952
The street addr as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signati	are of an officer or director Printed or typed name and title
I further agree performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Mary Sign	R. Halley, U.S. 1/3/13 grature of Registered Agent Date
If signing on be	chalf of an entity:
MARY R	yped or Printed Narge

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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