

(Pa	questor's Name)	
(Re	questors mame)	
(Ad	dress)	
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
•	,	
Certified Copies	Cortificator	of Status
Certified Copies	_ Certificates	o o status
Special Instructions to Filing Officer:		

Office Use Only

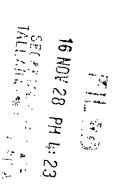


200292141352

11/28/16--01013--019 **35.00

1:0V 3 0 2016

R. WHITE



COVER LETTER

Division of Corporations
SUBJECT: Sovertie The Somerson Place, INC (Name of Corporation)
DOCUMENT NUMBER: 75/700
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:
ROBERT A BABCOCK (Name of Contact Person)
HOLIDAY ISLES PROPERTY MGMT. Inc. (Firm/Company)
11350 66th St. N. Suite 124 (Address)
LARRO, FL 33773 (City/State and Zip Code)
For further information concerning this matter, please call:
Relunt A Rabcock at (727) 548-9402 (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

TO: Amendment Section

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: Soventh, oth Somerson Place, INC. 2. The principal office address: 1300 70th Street No.
2. The principal office address: 1300 70 street No
3. The mailing address (if different): 11350 66th ST N. SOITE 134
LAPGO, FL 33773
4. Date of incorporation/qualification: 3/25/15 80 Document number: 75/700
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Shirley Tiller
8821 VM. L. King ST. N
St. Petersburg FL 37702 20 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
HOLIDAY ISLES TROPERTY MAME, INC.
11350 66 84. N # 124
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.
(Signature of an officer or director) (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) 11 / 15/16 (Date)
If signing on behalf of an entity:
CORERT A RABCOCK (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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