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SECRETARY OF STATE
SIVISION OF CORPORATION

OR OCT -8 AM 10: 55

J. BRYAN

OCT - 9 2008

EXAMINER

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 S statement of change is submitted for a corporation organized under the laws of the State of $\underline{f 1}$		
statement of change is submitted for a corporation organized under the taws of the State of <u>I</u> in order to change its registered office or registered agent, or both, in the State of F		_
1. The name of the corporation: MARINA CLINTON ASSOCIATES, LTD.		
2. The principal office address: 1600 Hopkins Crossroad		
c/o Shelter Marina Bay LLC, Minneapolis, MN 55303-2026		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 11/15/1999 Document number: A99000	0001873	
The name and street address of the current registered agent and registered office on file wi Florida Department of State: (If resigned, enter resigned)	ith the	
C T Corporation System	_ 0	يي
1200 South Pine Island Road	08 OCT	NOISIA 34074
Plantation, FL 33324	_ 60	97.T
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	ë	Y OF STAT ORPORAT
James D. Vogel, Esq., c/o Vogel Law Office, P.A.	ស្ន	SKS E
3936 Tamiami Trail North, Suite B (P.O. Box NOT acceptable)	_	
Naples, FL 34103		
The street address of its registered office and the street address of the business office of i as changed will be identical.	its registered age	ent,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	n officer so	
(Signature of an apportune of the property of the control of the c	EL I 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 composition of my duties, and Lam familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I here corporation has been notified in writing of this change.	mplete performa ed agent. Or, if eby confirm that	ince this the
MW 10/7/2008		
(Signature of Registered Agent) (Date)		_
If signing on behalf of an entity:		
(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 * * *