Division of Corporations Public Access System

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## REGISTERED AGENT CHANGE

**GUEST SERVICES - EVERGLADES, INC.** 

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of se	ections 607.0502,	617.0502, 607.	.1508, or 617.150	98, Florida Statutes,
this statement o	f change is submi	itted for a corpora	tion organized	under the laws of	the State of
b.G	in order to	o change its regist	tered office or	registered agent,	or both, in the State
of Florida.					s*,
1. The name of	the corporation:_	GUEST SERVICES	B - EVERGLADI	ES, INC.	
		3055 Prosperity Av			
					····
3. The mailing	address (if differe	mt):		-	
4. Date of incor	poration/qualific	ation: 9/3/2004	Do	ocument number:	F04000005103
	d street address o rtment of State:	of the current regist	ered agent and	registered office of	on file with the
	CORPORATION	N SERVICE COMP	ANY		<u></u>
	1201 HAYS STI	REET			
	TALLAHASSEE	FL 32301-2525			
6. The name as changed):		•	tered agent (if	changed) and /or	registered office (if
	Business Filings	Incorporated			<del></del>
	1203 Governors	Square Blvd, Suite			
		(P.O. Box or personal n	naifbox NOT screpta	ble)	<del></del>
	Tallahassee, FL	32301-2960		,	
The street addragent, as change	ess of its register ed will be identi	red office and the s cal.	street address o	of the business off	ice of its registered
Such change wanthorized by t	as authorized by he board, or the o	resolution duly ad corporation has be	lopted by its bo en notified in v	pard of directors of writing of the char	r by an officer so nge.
	art le	u	Douglas H. V	Verner, Secretary	
(Signature of oar office		man of the board)		nted or typed name and til	
I hereby accept Further agree performance of registered ager office address,	t the appointment to comply with the f my duties, and h nt. Or, if this doc I hereby confirm	t as registered age he provisions of a l am familiar with nument is being file that the corporat	int and agree in il statutes relat and accept the ed merely to re ion has been ni	o act in this capac ive to the proper is obligation of my flect a change in otifled in writing	and complete position as the registered of this change.
_ llw	<u>el</u>		<u>(a( ?</u>	7/09	
•	Signature of Registered A	<b>्ट</b> कार)		· (Date)	•
If signing on beha	if of an entity:		A) (D)		
Mark Williams			AVP		
(	Typed or Printed Name)			(Capacity)	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314