## F/3///

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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09/12/06--01007--008 \*\*35.00

## **COVER LETTER**

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
1. The name of t	ne corporation: CMC Develo	opment Corporation	
2. The principal	office address: 3003 Tamiami T	rail North, Suite 400, Naples, FL 34103	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 12/2	3/80 Document number: F13111	
5. The name and Florida Depart		ered agent and registered office on file with the	
	Robert D.	Corina Corina	
3003 Tamiami Trail North, Suite 400			
	Naples, FL 34103		
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered office	
	Eleanor V	V. Taft	
	(P.O. Box NOT acc	eptable)	
The street addre	ss of its registered office and the be identical.	street address of the business office of its registered agent,	
Such change wa authorized by th	s authorized by resolution duly ace board, or the corporation has be	dopted by its board of directors or by an officer so the notified in writing of the change.	
Mus	e of shotticer or director)	Thomas J. Flood - P/D (Printed or typed name and title)	
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered ago to comply with the provisions of a I I am familiar with and accept the ag filed merely to reflect a change been notified in writing of this change	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the hange.	
4//	97	SEP - 8 2006	
If signing on bel	nature of Registered Agent)  L  nalf of an entity:	(Date)	
(Т	yped or Printed Name)		
	* * * FILIN	IG FEE: \$35.00 * * *	

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