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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Port Charlotte Management (Company
(Name of C	Corporation)
DOCUMENT NUMBER: F98000001481	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Luke l	_irot, Esq.
(Name of Co	ontaci Person)
Luke Cha	rles Lirot, P.A.
(Firm/C	rles Lirot, P.A. ompany)
2240 Belleair	Road, Suite 190
(Add	lress)
Clearwate	r, Florida 33764
(City/State a	nd Zip Code)
For further information concerning this matter, please	call:
Luke Lirot (Name of Contact Person)	at (727) 536-2100 (Area Code & Daytime Telephone Number)
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depar	tment 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

statement of che	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S ange is submitted for a corporation organized under the laws of the State of \underline{L} er to change its registered office or registered agent, or both, in the State of Fi	<u>Delaware</u>	
1. The name of	the corporation: Port Charlotte Management Company	,	
2. The principal	office address: 3860 Tamiami Trail, #A, Port Charlotte, Florida 3	3932	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 3/16/1998 Document number: F980000	001481	
	d street address of the current registered agent and registered office on file wit rtment of State: (If resigned, enter resigned)	h the	
	James Bond	_	
	3860 Tamiami Trail, #A	200 TA:SI	
	Port Charlotte, Florida 33952	9 MAR	11
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi	EFO A	
	Luke Charles Lirot, P.A.	IO: 36	The same
	2240 Belleair Road, Suite 190 (P.O. Box NOT acceptable)	DA S	
	Clearwater, Florida 33764	-	
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	s registered agent,	
Janes	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change. A (Pt. A w AR. F)	D	
A hereby accept I further agree of my duties, ar document is be corporation ha	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 com I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I herebs been notified in writing of this change.	uplete performance d agent. Or, if this by confirm that the	
Lule			
	gnature of Registered Agent) (Date) chalf of an entity:		
• •	AS LIKOT, P.A		
	Typed or Printed Name)		
	* * * FILING FEE: \$35.00 * * *		

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