## F98000001984



(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



700008719737

11/07/02--0104?--012 \*\*35.00 7 7

RA Chg.

## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: REGENCY AFFICIATES, INC. (Name of corporation)  DOCUMENT NUMBER: F98000001984
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:
JACQUELINE TESKE (Name of person)
REGENCY AFFILIATES, INC.
610 N.E. JENGEN BEACH BLVD. (Address)
JENSEN BEACH, FL. 34967 (City/state and zip code)
For further information concerning this matter, please call:
TACQUELINE TESKE at (772) 334-8/8/ (Name of person) (Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

## 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
DECAWARE in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: KEGENCY AFFILIATES, INC.
2. The principal office address: 610 N.E. JENSEN BEACH BLVD.
JENSEN BEACH, FL. 34951
3. The mailing address (if different):
4. Date of incorporation/qualification: 4-7-98 Document number: F98 000001984
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
MARC BALDINGER
610 N.E. JENSEN BEACH BLVD. 1 85
900
JENSEN BEACH, FL 34957 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): LEIF GRAZI
217 E. OCEAN BLVA.
(P.O. Box or personal mailbox NOT acceptable)  57VART, FL, 34995-2846
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.
Agnature of an officer, chairman of vice chairman of the board)  TROUELINE M. TESKE, SECRETAN  (Printed or typed name and title)  10-11-02
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. On, 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.
X 1/4/02
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

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