

F99000001901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

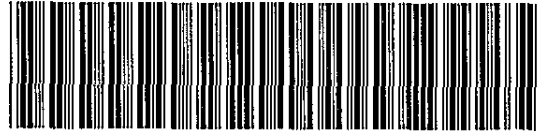
(Business Entity Name)

(Document Number)

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08/12/05--01003--020 \*\*35.00

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CLERK OF COURT  
TALLAHASSEE, FLORIDA

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PA/KC



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 16, 2005

RENEE SANDELL  
TRANSOM DEVELOPMENT, INC.  
8226 N WICKHAM RD, SUITE 200  
MELBOURNE, FL 32940

SUBJECT: TRANSOM DEVELOPMENT, INC.  
Ref. Number: F99000001901

We have received your document for TRANSOM DEVELOPMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Pamela Smith  
Document Specialist

Letter Number: 805A00052257

RECEIVED  
05 AUG 25 AM 8:00  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TRANSM DEVELOPMENT, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** F99000001901

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:

Renée Sandell  
(Name of contact person)

Transom Development, Inc.  
(Firm/Company)

8226 North Wickham Road, Suite 200  
(Address)

Melbourne, FL 32940  
(City/state and zip code)

For further information concerning this matter, please call:

Renée Sandell at ( 321 ) 723-9200  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, 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 North Carolina \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Transom Development, Inc.
2. The principal office address: 2700 Wycliff Road, Suite 312, Raleigh, NC 27607
3. The mailing address (if different): Transom Development, Inc.  
8226 North Wickham Road, Suite 200, Melbourne, Florida 32940
4. Date of incorporation/qualification: 04/12/1999 Document number: F99000001901
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

C T Corporation System

1200 South Pine Island Road

Plantation, Florida 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Renée Sandell

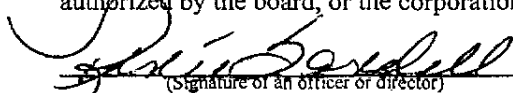
8226 North Wickham Road, Suite 200

(P.O. Box NOT acceptable)

Melbourne, Florida 32940

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

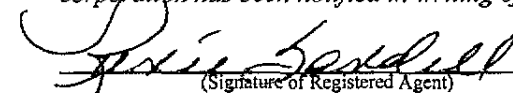
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Renée Sandell, First Vice President

(Printed or typed name and 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, 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.

  
(Signature of Registered Agent)

8/22/05

(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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

**FILED**  
05 AUG 25 PM 1:06  
STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA