

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number

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CORPDIRECT AGENTS, INC. ocount Name Account Number: 110450000714

: (850)222-1173

: (850)224-1640 Fax Number

000852.75079

REGISTERED AGENT CHANGE

OCEAN DESIGN, INC.

Certificate of Status	0
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10/1/2007 11:13:17 AM

From: Katie Wonsch

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

statement of chan	rovisions of sections 607.0502, 617.0502, ge is submitted for a corporation organiz	ed under the laws of th	e State of	•		
1. The name of th	e its registered office or registered agent, e corporation: Design, Inc.	or both, in the State of	Florida.			
2. The principal of 1026 %.	ffice address: Williamson Blvd., Daytona Be	ach, PL 32114				
3. The mailing ad	dress (if different):			·		
4. Date of incorpo	pration/qualification: 9/15/99	Document number	: F99000004	754		
5. The name and Florida Departs	street address of the current registered age ment of State:	 .				
	Corporation Service Compa	ny				
	1201 Hays Street					
	Tallahassee, FL 32301-252	5		- ISE S		
6. The name and: (if changed):	street address of the new registered agent	(if changed) and for reg	gistered office	89 X	=	
-	National Corporate	Research, Ltd., Inc.			П	
	515 East P	ark Avenue		THE 1	O	
-	(P.O. Box NOT acceptable)					
•	Tallahassee	Florida	32301	_ 管元 28		
The street address as changed will be	s of its registered office and the street ac e identical.	idress of the business	office of its reg	istered agent,		
Such change was authorized by the	authorized by resolution duly adopted to board, or the corporation has been notified.	by its board of director fied in writing of the c	rs or by an offic hange.	er so		
_ ()sal	med her	Melanie S	S. Cibik, V	ire President &	Secretary	
(Si	mature of an officer or director)	(Pri	inted or typed name a	ınd title)		
I hereby accept to I further agree to of my duties, and document is bein corporation has b	ne appointment as registered agent and comply with the provisions of all status I am familiar with and accept the oblig g filed merely to reflect a change in the peen noithed in writing of this change.	agree to act in this capes relative to the propertion of my position as registered office addresses	pacity, er and complete s registered age ess, I hereby co	eperformance inj. Or, if this infirm that the		
8: <	Sylphon		9/27/20	<i>ד</i> סי		
(S	gnature of Registered Agent)		(Date)			
If signing on beha	alf of an entity					
A.P. To	Typod 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