## H62818

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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PAChang 01/21/09



## Regulatory Counsel Group, Inc.

Mortgage Licensing & Compliance Advisors

www.regulatorycounsel.com

December 30, 2008

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**RE:** Park Forest Development Corp.

To Whom It May Concern:

This provides you with information on behalf of <u>Park Forest Development Corp.</u> to record a change of registered agent. As their Agent, Regulatory Counsel Group, Inc. has enclosed the following:

- 1. A check in the a mount of \$25.00 & \$10.00 (filing fee)
- 2. One (1) original Statement of Change Document (signed)
- 3. A self-addressed, stamped envelope to send approval back to my attention.

Please send all correspondence to:

Regulatory Counsel Group, Inc.

800 Abbey Court

Alpharetta, GA 30004

Thank you for your cooperation. If you have any questions, please contact me via phone at (770) 992-7779, via email at <u>llesser@rcgteam.com</u> or via fax at (770) 992-0779.

Lisa A. Lesser

Account Executive

Enclosures

## **COVER LETTER**

то:	Amendment Section Division of Corporations
ć	
SURJ	ECT: Park Forest Development Corp.
<b>БС</b> В	(Name of Corporation)
DOC	UMENT NUMBER: H62818
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Pleas	e return all correspondence concerning this matter to the following:
	Linn A. London
	Lisa A. Lesser (Name of Contact Person)
	,
	Pagulatam Councel Croup, Inc.
	Regulatory Counsel Group, Inc.  (Firm/Company)
	800 Abbey Court Address)
	Alpharetta, GA 30004 (City/State and Zip Code)
For fi	urther information concerning this matter, please call:
	Lisa Lesser Account Executive at ( 770 ) 992-7779
	Lisa Lesser Account Executive at (770) 992-7779 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclo	osed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address:
	Amendment Section Amendment Section
	Division of Corporations  Division of Corporations  Division of Corporations  Clifton Building
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
	Tallahassee, FL 32314 Zoot Excentive Center Circle Tallahassee, FL 32301

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Park Forest Development Corp.	-0
2. The principal	office address: 4441 South Tamiami Trail, Ste. B	_
Sarasota,	FL 34231	-
3. The mailing a	address (if different): P.O. Box 429	_
Englewo	od, FL 34295	-
4. Date of incorp	poration/qualification: 01/27/1995 Document number: H62818	_
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	
	NRAI Services, Inc.	•
	2731 Executive Park Drive, Suite 4  (P.O. Box NOT acceptable)	1
	Weston, FL 33331	
The street addreas changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.	
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board or the corporation has been notified in writing of the change.	
(Signat	Daniel T. McKee, Vice Presient/Secretary  (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is be corporation has	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 complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s beempotified in writing of this change.	
(Si	ignatute of Registered Agent) 12/31/08 (Date)	
If signing on be	chalf of an entity:	
	ott Scher, Asst. Sec Typed or Printed Name)	

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

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