## 100/65

| (Re                     | questor's Name)   |           |
|-------------------------|-------------------|-----------|
| (Ad                     | dress)            |           |
| (Ad                     | dress)            |           |
| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | WAIT              | MAIL      |
| (Bu                     | siness Entity Nar | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
|                         |                   | ,         |
|                         |                   | a.        |
|                         |                   |           |
|                         | <del></del>       |           |

Office Use Only





700079612317

10/12/06--01008--005 \*\*35.00

SECRETARY OF STATE TALLAHASSEE. FLORIDA

06 DCT 12 PM 2: 16

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |  |  |
|---|--|--|
| SUBJECT: Ana Capri Reculty Inc. (Name of Corporation)   |  |  |
| DOCUMENT NUMBER: 300165   |  |  |
| 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:                     |  |  |
| Name of Contact Person)   |  |  |
| Anacapri Realty Inc   |  |  |
| 32D S. Ocean Grande Drive, #102   |  |  |
| (Address)   |  |  |
| Ponte Vedra Beach, FL 32082   |  |  |
| (City/State and Zip Code)   |  |  |
| For further information concerning this matter, please call:                                  |  |  |
| (Name of Contact Person) at (904) 826-1897 (Area Code & Daytime Telephone Number)             |  |  |
| (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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| statement of change is submitted for a corporation organized under the laws of the State of  |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida.  |
| 1. The name of the corporation: ANGCOSSIL Realty, Inc.   |
| 2. The principal office address: 17290 NE 19th Avenue  |
| Worth Meani Beach, FL 33162  |
| 3. The mailing address (if different): 320 S. Doon Grande Drive, #102  |
| Ponte Vedra Beach PL 32082   |
| 4. Date of incorporation/qualification: 2 19 1986 Document number: 200165  |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:   |
| Eric Martin Goetz  |
| 2574 Jardin Count  |
| Weston FL 33327  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Johanna VT Goetz   |
| 3205. Ocean Grande Drue #182 =   |
| Ponte Vedra Beach, FL 32082  |
| 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) (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) 10/1/06 (Signature of Registered Agent)   |
| If signing on behalf of an entity:   |
| (Typed or Printed Name)  |
| (-) kan at a trimpa country  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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