

Prudential Best Realty, Inc.

5245 U.S. Highway 19 N. New Port Richey, FL 34652 Bus 727 849-2266 Fax 727 848-4866 waterfrn@gte.net

J64279

March 23, 2001

500003952545--1 -03/27/01--01051--005 *****78,75 ******35.00

Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

RE: Amended Articles

Amended Articles of Incorporation and Address Change of Registered Agent for Lindrick Realty at Gulf Landings, Inc.

Dear Sir or Madam:

Enclosed for filing are Articles of Amendment and Statement of Change of Registered Office for the above-referenced corporation, along with our check made payable to Division of Corporations for the filing fees and certified copy of the Articles of Amendment in the amount of \$78.75.

Please return the certified copy to my attention at: P.O. Box 1176, New Port Richey, FL 34656-1176.

Sincerely,

Margaret E. Mountain

President

O1 MAR 27 AM ID: 20
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

MEM:lw

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

the undersigned corpo	ration organized under the law.	7.0502, 607.1508, or 617.1508, Florid is of the State of <u>Florida</u> is registered office or registered agent,	<u> </u>
•	poration: Lindrick Realt	y at Gulf Landings, Inc.	·
2. The mailing address	s of the corporation: P.O. Box	x 1176, New Port Richey, FL 3	4652
3. Date of incorporati	on/qualification: 3/23/1987	Document number:	
4. The name and addre	ess of the current registered ager	nt and office:	
	Joseph Borda		
	4925 Cross Bayou Blu	vd.	
5. The name and addre	New Port Richey, FL oss of the new registered agent (P. O. Box Not	if changed) and/or registered office (if	59 3
	Joseph Borda (no char	nge)	27
	5245 U.S. Hwy. 19 N.		F ST O
	New Port Richey, FL	34652	
The street address of i agent, as changed, wil	ts registered office and the stre I be identical.	et address of the business office of its	registered
		ted by its board of directors or by an of	
-////: 1	icer, chairman or vice chairman of the box	3-23-0	1
	Mountain, President inted or typed name and title)		
l jurther agree to com	ply with the provisions of all st	ot service of process for the above state istered agent and agree to act in this co tatutes relative to the proper and comp d accept the obligation of my position o	rlete
egistered agent		3,2201	•
(Somature	of Registered Agent)	(Date)	- ,
If signing on behalf of an o	entity:		
(Typed or	Printed Name)	(Capacity)	
	* * * FILING FEE	E: \$35.00 * * *	.

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314