· J 74235

(Req	uestor's Name)	
(Add	lress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Dod	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
,	_	
]		
		i

Office Use Only



400060375314

10/10/05--01020--019 **35.00

FILED

05 OCT 10 PH 1: N6

SE FIRST OF STATE
TALL THE SEEL FLOPE

Lentrers OCT 17 2005

COVER LETTER

TO: Amendment Section Division of Corporations FIORIDA PREFERRED PROPERTIES, INC (Name of Corporation) DOCUMENT NUMBER: J74235 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: James L. Redman, Esquire (Name of Contact Person) Trinkle, Redman, Swanson & Coton, P.A. (Firm/Company) 121 North Collins Street. Plant City, Florida 33564 9040 (City/State and Zip Code) For further information concerning this matter, please call: 813) 986-9141 (Area Code & Daytime Telephone Number) H. Lee Eaker (Name of Contact Person)

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

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

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 cha	provisions of sections 607.0502, 617.0502, 607.1508, or one of the conference of the lange is submitted for a corporation organized under the lange its registered office or registered agent, or bo	aws of the State of	
1. The name of t	he corporation: FLORIDA PREFERRED PROPER	TIES, INC.	
2. The principal	office address: 7611 Four Pines Road		_
	Plant City, Florida 3356	5	-
3. The mailing a	ddress (if different):		-
4. Date of incorp	poration/qualification: 05/21/87 Document	: number:J74235	- -
	street address of the current registered agent and register tment of State:	ed office on file with the	
	Paula D. Faker		
	7611 Four Pines Road		
	Plant City, Florida 33565	75° 0	•
6. The name and (if changed):	street address of the new registered agent (if changed) ar	ad /or registered office	FILED
	H. Lee Eaker	SET O	
	7611 Four Pines Road	<u> </u>	.8-
	(P.O. Box NOT acceptable) Plant City, Florida 33565	TA. I	36
T144 - 1 t		*	
	ss of its registered office and the street address of the be identical.		
Such change was authorized by the	is authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	f directors or by an officer so g of the change.	
Mules	te of anyofficer of directors Shinkey	rinted or typed name and title)	
I hereby accept I further agree to of my duties, and document is beat corporation has	the appointment as registered agent and agree to act it o comply with the provisions of all statutes relative to a large and large and accept the obligation of my poing filed merely to reflect a change in the registered officen notified in writing of this change.	n this capacity. the proper and complete performance ssition as registered agent. Or, if this ice address, I hereby confirm that the	
The	ndesire of Registered Agent) Seption	1 600 1. 2005	
If signing on be	half of an entity:		
MLEE	LAKER Voed or Printed Name)		

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