## K92956

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Dusiness Estitu Nama)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STAIL
FALL AHASSEE, FLORID.



## **COVER LETTER**

	endment Section ision of Corporations		
SUBJECT:	George Kapler Homes, Inc	rporation)	
	·	•	
DOCUMEN	NT NUMBER: K92956	·	
The enclosed	d Statement of Change of Registered Office	Agent and fee are submitted for filing.	
Please return	all correspondence concerning this matter	to the following:	
	Glynda Roy		
	(Name of Con	tact Person)	
George Kapler Homes, Inc (Firm/Company)			
	(Firm/Coi	mpany)	
	D.O. Boy 100		
	P.O. Box 100 (Addre	ess)	
	<b>C</b>		
	St. Augustine, FL 32085-0100		
	(City/State and	d Zip Code)	
For further i	nformation concerning this matter, please ca	all:	
Cheedo Bo		2004 × 707-2211	
Glynda Ro	(Name of Contact Person)	at (904) 797-2211 (Area Code & Daytime Telephone Number)	
Enclosed is	a \$35.00 check made payable to the Departr	ment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	
		Tallahassee, FL 32301	

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

	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta ige is submitted for a corporation organized under the laws of the State of ${\sf Fl}$		nis	_
	to change its registered office or registered agent, or both, in the State of Flo			
1. The name of th	e corporation: George Kapler Homes, Inc.	<b>⋝</b>	<u> </u>	
2. The principal office address: 105 Marshall Circle, St. Augustine, FL 32086			)7 JÜN	η
3. The mailing ad	Idress (if different): P.O. Box 100, St. Augustine, FL 32085-0100	ARY OF	PM	
4. Date of incorp	oration/qualification: 06/02/1989 Document number: K92956	OR OR	D: 0	<u> </u>
5. The name and Florida Depart	street address of the current registered agent and registered office on file with ment of State:	the	********	•
	George Kapler			
,	3501-B N. Ponce De Leon Blvd. PMB 367			
	St. Augustine, FL 32084			
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	e		
	George Kapler (same)			
•	3336 Carmel Rd.			
(P.O. Box NOT acceptable)				
,	St. Augustine, FL 32086			
The street address as changed will	ss of its registered office and the street address of the business office of its be identical.	register	ed age	ent,
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an o e board, or the corporation has been notified in writing of the change.	fficer s	o	
Chyna	e of an officer or director)  (Printed or typed name and title	(e)		
	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and comply with the provisions of all statutes relative to the proper and comply a familiar with and accept the obligation of my position as registered ag filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	-	rforma Or, if n that	ince this the
(Sig	nature of Registered Agent) (Date)	<del></del>		_
If signing on bel	nalf of an entity:	•		
	yped or Printed Name)			

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