## L29982

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
6						

Office Use Only



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05/4/10

## **COVER LETTER**

TO: Amendment Section Division of Corporations								
SUBJECT: MC CLUSKEY REALTY, INC.  Name of Corporation								
DOC	UMENT NUM	BER:	L29982					
The er	nclosed Statem	ent of Change of Registered Offi	ce/Agent and fee are submitted	d for filing.				
Please	return all corr	espondence concerning this matt	er to the following:					
.=:								
			MC CLUSKEY					
		Name of C	ontact Person	<del></del>				
	_		Y REALTY, INC.					
		rinive	Company					
		400 ST ANDRE	WS BOULEVARD					
	_		dress					
		MELBOURI	NE, FL 32940					
	_	City/State	and Zip Code	<del></del>				
		hattymaaluek	av@ofl.rr.com					
		-mail address: (to be used for	ey@cfl.rr.com future annual report notifica	ation)				
		•	1	,				
For fi	rther informati	on concerning this matter, please	e call·					
1 01 14	imei mioiman	on concerning this matter, piease	, can.					
		Y S. MC CLUSKEY	at ( <u>321</u> ) Area Code & Daytime	242-6200				
	Name	of Contact Person	Area Code & Daytime	e Telephone Number				
Enclos	sed is a \$35.00	check made payable to the Depa	artment of State.					
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Sect Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL	orations Center Circle				



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 23, 2010

BETTY S. MCCLUSKEY MCCLUSKEY REALTY, INC. 400 ST. ANDREWS BOULEVARD MELBOURNE, FL 32940

SUBJECT: MCCLUSKEY REALTY, INC.

Ref. Number: L29982

We have received your document for MCCLUSKEY REALTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

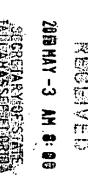
We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 910A00010071



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

statement of cha	nge is submitted for a co	rporation organized	607.1508, or 617.1508, Flori I under the laws of the State	of FLORIDA
			l agent, or both, in the State	of Florida.
	he corporation: MC C			
2. The principal	office address: 400 ST	ANDREWS BO	DULEVARD	
MELBOUF	RNE, FL 32940			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	11/16/1989	Document number:	L29982
	I street address of the cur tment of State: (If resign		t and registered office on file	e with the
	BETTY S. MC CLL	ISKEY		
	400 ST ANDREWS	BOULEVARD		
	MELBOURNE, FL	32940	- 14 <del>- 28 - 1</del> - 14 - 14	
6. The name and (if changed):	street address of the nev	v registered agent (i	f changed) and /or registered	- A -
	PATRICIA N. WAL	KER		— 5 F
	400 ST ANDREWS			
	MELBOURNE, FL	P.O. Box NOT acc 32940	ceptable	<b>3</b>
The street address changed will			dress of the business office	of its registered agent,
Such change we authorized by the	as authorized by resoluti ne board, or the corporat	ion duly adopted by ion has been notifi	y its board of directors or bed in writing of the change	y an officer so
Delly	re of an officer or director		BETTY S. MC CLUSK Printed or typed name	and title
I hereby accept I further agree of my duties, an document is be corporation has	the appointment as reg to comply with the provi d I am familiar with and ng filed merely to reflect s been notified in writing	istered agent and a isions of all statute d accept the obliga it a change in the r g of this change.	gree to act in this capacity s relative to the proper and tion of my position as regis egistered office address, I l	l complete performance stered agent. Or, if this vereby confirm that the
J-ahu Sig	nature of Registered Agent		April 16, 201	0
If signing on be	half of an entity:			
Т	yped or Printed Name			

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 \* \* \*