M93540

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Special Instructions to F	iling Officer:	·

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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: PEEPLES REALTY, INC. (Name of Corporation)					
DOCUMENT NUMBER: M93540	· · · · · · · · · · · · · · · · · · ·				
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:					
MARSHALL A. PEEPLES (Name of Co.	ntact Person)				
PEEPLES REALTY, INC. (Firm/Co	ompany)				
16 APPIAN CIRCLE (Address)					
the growth a					
SIMPSONVILLE, SC 29681					
(City/State and Zip Code)					
For further information concerning this matter, please of	call:				
W. GUS BELCHER II	at (239) 334-3400 (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				
	• • •				
James parkitika (h. 1812)	daedaeta				

CR2E045 (8/05)

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

A

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statingeria Statingeria Statingeria Statingeria Statingeria of the State of FL of the State of FL of the State of FL of the State of Floreria of the State of Floreria of the State of Floreria of State o	ORIDA	<u></u>	
1. The name of the	he corporation: PEEPLES REALTY, INC.	<u>-</u>		
	office address: 16 APPIAN CIRCLE ILLE, SC 29681			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 8/10/1988 Document number: M93540			
	I street address of the current registered agent and registered office on file with tement of State:	the		
	PEEPLES, MARSHALL A.			
	11971 SEA BREEZE COVE LANE			
	FORT MYERS, FL 33908			
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	35 GAR	08 SEP	
	W. GUS BELCHER II	SS	26	1
	1375 JACKSON STREET, SUITE 303	SF O	곡	
	(P.O. Box NOT acceptable) FORT MYERS, FL 33902	FIS	AM IO:	
The street addre	ess of its registered office and the street address of the business office of its is be identical.	registere	ω 4	ıt,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	fficer so		
- Mignati	MARSHALL A. PEEPLES, TIT (Printed or typed name and title			-
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and comp and I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby speen notified in writing of this change.	lete perf agent. C confirm	forman Or, if th that th	ice his he
<u>(Sig</u>	gnature of Registered Agent) 9-23-08 (Date)	>		_
If signing on be	chalf of an entity:			
	Belcher, II Typed or Printed Name)			
(.	* * * FILING FEE: \$35.00 * * *			

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