N04000012017

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SECRETARY OF STATE

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: TRUSURE COAST SPLASH (Name of corporation)
DOCUMENT NUMBER: 1/0400012017
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:
TEFFREY GORD detsky (Name of contact person)
TREASURE COAST SPEASH (Firm/Company)
2581 SW RACQUET C/US DR. (Address)
PALM CITY FC 34990 (City/state and zip code)
For further information concerning this matter, please call:
Teffrey Goro Jetsty at (772) 223 4509 (Area code & daytime telephone number)

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 409 E. Gaines Street Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 17, 2005

JEFFREY GORODETSKY TRESURE COAST SPLASH, INC. 2581 SW RACQYET CLUB DRIVE PALM CITY, FL 34990

SUBJECT: TREASURE COAST SPLASH, INC.

Ref. Number: N04000012017

We have received your document for TREASURE COAST SPLASH, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Theima Lewis
Document Specialist Supervisor

Letter Number: 805A00052516

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INSIGN OF CORPOFALICAT



Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
1. The name of the corporation: TREASURE COAST SPEASH
2. The principal office address: 4000 54 BALLETO
PORT ST. Lucie, FL 34953
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/27/04 Document number: Nou 0000/20/7
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Bruce ovellette 4000 SW BALLETO
4000 SW BALLETO
PORT ST. Cucie, FC 34857 200 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jeffrey Gorodersky
2581 Su RACQUET CLUB PRIVE 5
PALM CITY, FC 34926
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer of director) (Signature of an officer of director) (Signature of an officer of director)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
S(15(05) (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
JIFFREY GARAGETERY

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

(Typed or Printed Name)