N04545

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(Address)				
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(Business Entity Name)				
(Document Number)				
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SECRETIVE OF STATE

TIMOTHY J. SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW 427 McKenzie Avenue Post Office Box 2327 PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN*
CHARLES J. STAFFORD
*ALSO MEMBER OF
DISTRICT OF COLUMBIA
AND MISSOURI BARS

TELEPHONE (850) 769-2501 FACSIMILE (850) 769-0824

October 13, 2009

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Horizon South V, Inc.

Gentlemen:

Enclosed please find an original Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced corporation, together with a check in the amount of \$35.00 to cover the cost of filing. Please file the Statement at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A.

Timothy J.

TJS/mf Encl.

COVER LETTER

TO:	Amendment S Division of Co				
SUBJECT:		Horizon Sol	uth V, Inc.		
		rvaine or	Corporation		
DOCU	MENT NUME	BER:	N04545		
The en	closed Statemer	nt of Change of Registered Off	ice/Agent and fee are submit	ted for filing.	
Please	return all corres	spondence concerning this mat	ter to the following:		
		•			
		Timoth	y J. Sloan Contact Person		
		Name of C	ontact Person	 _	
Timothy J. Sloan, P.A.					
		Firm/	Company		
407 Malfannia Avanua					
427 McKenzie Avenue Address					
	ŧ	110	ad ess	•	
	Panama City FL 32402				
	Panama City, FL 32402 City/State and Zip Code				
	E-r	mail address: (to be used for	future annual report notif	cation)	
For fur	ther information	concerning this matter, please	e call:		
	Tim	othy J. Sloan	850 · ·	760 2501	
		of Contact Person	at (<u>850</u> Area Code & Daytir	ne Telephone Number	
Enclose	ed is a \$35.00 cl	heck made payable to the Depa	artment of State.		
		N# 49 - 4 1 1	Ctood A N.		
		Mailing Address: Amendment Section	Street Address: Amendment Se	ction	
		Division of Corporations	Division of Co		
		P.O. Box 6327	Clifton Buildin	•	
		Tallahassee, FL 32314	2661 Executive	~	
			Tallahassee, FI	L 3230 1	

TO:

\cdot . Statement of change of registered office or registered agent or both for corporations

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.			
1. The name of the corporation: Horizon South V, Inc.			
2. The principal office address: 17462 Front Beach Road			
Panama City Beach, FL 32413			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 08/03/1984 Document number: N04545			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)			
Garth D. Bonney, Esq.			
436 McKenzie Avenue			
Panama City, FL 32402			
Garth D. Bonney, Esq. 436 McKenzie Avenue Panama City, FL 32402 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
Timothy J. Sloan			
427 McKenzie Avenue			
P.O. Box NOT acceptable			
Panama City, FL 32402			
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.			
Stephen M. Gravis Bres. Whaten Bank Printed or typed name and title			
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.			
Signature of Registers Agent Date			
If signing on behalf of an entity:			
Typed or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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