

10600000777/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PA  
Change  
SS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Save Our Recreation, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** NO6000007771

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

X MARY NEILSON  
(Name of Person)

\_\_\_\_\_  
(Name of Firm/Company)

X 3862 SE 7th PL  
(Address)

X CAPE CORAL FL 33904  
(City/State and Zip Code)

For further information concerning this matter, please call:

X MARY NEILSON at (239) 243-5989  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Save Our Recreation, Inc.
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/24/2006 Document number: N06000007771

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Gary Fluharty  
23 Carrotwood Court  
Ft. Myers, FL 33919

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

MARY NEILSON  
3862 SE 7th PL  
(P.O. Box NOT acceptable)  
CAPE CORAL FL 33904

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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.

X Mary Neilson  
(Signature of an officer or director)

X MARY NEILSON VP  
(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.

X Mary Neilson  
(Signature of Registered Agent)

X 5-9-07  
(Date)

If signing on behalf of an entity:

X \_\_\_\_\_  
(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