N07000001162

| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| | | | | | | |
| (Address) | | | | | | |
| , | | | | | | |
| (Address) | | | | | | |
| (Address) | | | | | | |
| | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| | | | | | | |
| (Business Entity Name) | | | | | | |
| (Business Entity Hame) | | | | | | |
| | | | | | | |
| (Document Number) | | | | | | |
| | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| | | | | | | |
| 1 | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



800210424218

08/01/11--01016--023 **35.00

TTAUG - I AMII: LO

RA Chg.

AUGU 0 22 2011

EXAMINER

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| SUBJECT: GALIA AT LOST KEY MARINA & YACHT CLUB CON Name of Corporation | | | | | | |
| DOCUMENT NUMBER: N0700001162 | | | | | | |
| 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: | | | | | | |
| TED JOHNSON Name of Contact Person | | | | | | |
| PERDIDO SAND REALTY, INC Firm/Company | | | | | | |
| 10281 SORRENTO RD. STE. C Address | | | | | | |
| PENSACOLA, FL 32507 City/State and Zip Code | | | | | | |
| TED@PERDIDOSAND.COM E-mail address: (to be used for future annual report notification) | | | | | | |
| For further information concerning this matter, please call: | | | | | | |
| JAMES HEINOLD at (850) 261-3316 | | | | | | |
| JAMES HEINOLD at (850) 261-3316 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 Street Address: Amendment Section | | | | | | |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| statement of cha | provisions of sections 60% nge is submitted for a col r to change its registered | rporation organize | d under the laws of the | State of FLOR | |
|--|---|--|--|--------------------------------------|--|
| 1. The name of t | he corporation: GALIA | AT LOST K | EY MARINA & Y | ACHT CLU | B CONDO |
| 2. The principal | office address: 10099 i | NELLE AVE, PI | ENSACOLA, FL 32 | 2507 | |
| - | | · | | | |
| 3. The mailing a | ddress (if different): PO | BOX 34317, P | ENSACOLA, FL 32 | 2507 | |
| 4. Date of incorporation/qualification: 02/01/07 Document number: N0 | | | | | 000162 |
| | street address of the current of State: (If resigne | | at and registered office of | on file with the | |
| | MEYER REAL EST | ATE | <u> </u> | | |
| | 13700 PERDIDO K | EY DR. STE 2 | -26 | | |
| | PENSACOLA, FL 3 | 32507 | | | 144 |
| 6. The name and (if changed): | street address of the new | registered agent (i | f changed) and /or regis | stered office | WISION OF |
| | PERDIDO SAND R | EALTY, INC C | O TED JOHNSON | <u> </u> | |
| | 10281 SORRENTO | | | | ORPORANIA ORPORANIA |
| | PENSACOLA, FL 3 | P.O. Box NOT ac | ceptable | | 24 N |
| The street addre | ess of its registered office be identical. | | dress of the business of | ffice of its regist | 3 <u>-</u> |
| Such change wa authorized by th | is authorized by resolution board, or the corporation | on duly adopted by ion has been notifi | y its board of directors ed in writing of the ch | or by an officer ange. | so |
| James | z Heinell re of an officer or director | <u></u> | Vames H | einold name and title | Pr. |
| I further agree i of my duties, an document is bei | the appointment as regi o comply with the provid d I am familiar with and ng filed merely to reflect ween notified in writing | sions of all statute l accept the obliga t a change in the r | s relative to the proper tion of my position as i | r and complete p registered agent | erformance . Or, if this rm that the |
| R | | | 7/22 | 12011 | |
| Sign | nature of Registered Agent | | Date | e | |
| | half of an entity: ME 5. JUNSON | / | | | |
| | yped or Printed Name | | | | |

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