## N07000003775

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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04/22/10--01014--011 \*\*35.00



R.A. Charge C.COULLIETTE APR 22 2010

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations					
SUBJECT: Suncoast Fly Fishers, Inc. Name of Corporation					
DOCUMENT NUMBER: NO100000 3775					
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:					
Kenton C. Hofmeister Name of Contact Person					
Suncoast Fly Fishers, Inc.					
Firm/Company					
4736 Overlook Drive, N.E.					
Address					
St. Refershurg, FL 33703 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (127) 521-1637  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

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

statement of char	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida 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	ne corporation: Suncoast	Fly Fishers, Inc.		
2. The principal of		look Drive, N.E.		
	St. Petersh	ourg, FL 33703		
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification: April 13,	2007 Document number: NO	1000003775	
	ment of State: (If resigned, enter r		vith the	
	Thomas R	Gadacz		
	5353 GW	IF Blod, A-201		
	ST. Aete	Gadacz IF Blod, A-201 Beach, Fl 33706	- <del> </del>	
6. The name and (if changed):		ed agent (if changed) and /or registered o	APR 2	
	Kenton C. Hofmer	ster	SSEE.	
	4736 Overlook	Drive N.E. BOX NOT acceptable		
	St. Petersburg	Box NOT acceptable FL 33703	OKIO	
The street addre	ss of its registered office and the be identical.	street address of the business office of	its registered agent,	
		dopted by its board of directors or by a		
Kenton	L. HD muster	KENTON C. Ho	FM ZISTER,	
*	_		\P C u P T I Y W	
I further agree to of my duties, and document is bein corporation has	the appointment as registered ago comply with the provisions of a d I am familiar with and accept the filed merely to reflect a chang been notified in writing of this c	ent and agree to act in this capacity. all statutes relative to the proper and co he obligation of my position as registe te in the registered office address, I her hange.	omplete performance red agent. Or, if this reby confirm that the	
Kenton le Hofner Ce. Signature of Registered Agent		4-15	4-15-2010 Date	
Sign	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Tv	ped or Printed Name	-		
	-			

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

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