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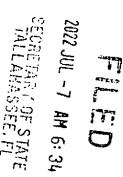


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JIVIS TALLAHASSEE FLORIDA

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A. BUTLER JUN 1 1 2022



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 7915±6 8378711				
AUTHORIZATION: Spelle man				
COST LIMIT : \$ 35.00				
ORDER DATE : July 7, 2022				
ORDER TIME : 10:31 AM				
ORDER NO. : 791516-003				
CUSTOMER NO: 8378711				
CHANGE OF AGENT				
NAME: EVERGLADES ISLE MARINA BOAT SLIP ASSOCIATION, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland EXT#				

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.0. inge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the State	of FL
1. The name of t	the corporation: EVERGLADES ISLE	MARINA BOAT SLIP ASSOCIAT	ION, INC.
2. The principal	office address: 6001 Schooner St. Bel	leville, MI 48111	
3. The mailing a	ddress (if different): P.O. BOX 729 Be	lleville, MI 48112	
	poration/qualification: 01/15/2010	Document number: N100	000000563
	d street address of the current registered tment of State: (If resigned, enter resigned)		e with the
	CT Corporation System		
	C/O CT CORPORATION SYSTE	M, 1200 South Pine Island Ro	pad
	Plantation	FL 33324	_
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered	2022 JUL -7 SECRETARY TALLAHA
	Corporation Service Company		
	1201 Hays Street		— XSE
	PO. F Tallahassee	Box NOT acceptable FL 32301	F STI
The street addre as changed will	ess of its registered office and the stree		— 무희 w
Such change wa authorized by th	as authorized by resolution duly adoptive board, or the corporation has been	ted by its board of directors or by notified in writing of the change.	an officer so
ana a. 2	Mal	James A. Moskal	Secretary
Nignatu	te of an officer or director	Printed or typed name a	nd fille
t jurther agree t of my duties, an document is bei corporation has	the appointment as registered agent of comply with the provisions of all stand I am familiar with and accept the one filed merely to reflect a change in seen notified in writing of this change. Service Company	alutes relative to the proper and bligation of my position as regist the registered office address Th	complete performance ered agent. Or, if this ereby confirm that the
By: <u>Wrae</u>	<u>=</u>	07/07/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
Ţ	yped 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 CR2E045 (04/13)