

Requester's Name
 Address
 City/State/Zip Phone #

Office Use Only

N27740

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

98 MAR 18 PM 2:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 APPROVED AND FILED

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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 -03/09/98--01160--001
 *****35.00 *****35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Handwritten:
 N27740
 308
 RA
 3-18-98

Examiner's Initials	
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

March 11, 1998

THE PIERRE ASSOCIATION, INC.
455 LONGBOAT CLUB ROAD
LONGBOAT KEY, FL 34228

SUBJECT: THE PIERRE ASSOCIATION, INC.
Ref. Number: N27740

We have received your document for THE PIERRE ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain
Corporate Specialist

Letter Number: 398A00013296

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

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: The Pierre Association, Inc

2. The mailing address of the corporation is: 455 Longboat Club Rd Longboat Key FL 34228

3. Date of incorporation/qualification: 8-3-88 Document number: N 27740

4. The name and address of the current registered agent and office:

Robert L. Moore 227 Nokomis Ave S. Venice FL 34284-1767

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Jayne Cory 455 Longboat Club Rd Longboat Key FL 34228

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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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.

Richard J. Fridl (Signature of an officer, chairman or vice chairman of the board)

3-2-98 (Date)

Richard Fridl President-Board of Directors (Printed or typed name and title)

3-2-98 (Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Jayne Cory (Signature of Registered Agent)

3-2-98 (Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)