N93000004102

| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Ac | ldress) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| (Bı | ısiness Entity Nar | ne) |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida. | |
|---|----------|
| 1. The name of the corporation: South Florida Mountaineers, Inc. | |
| 2. The principal office address: 1827 Sonrisa Street, Riviera Beach, FL 33404 | |
| 3. The mailing address (if different): c/o 505 South Flagler Drive, Suite 300, West Palm Beach, FL 33401 | |
| 4. Date of incorporation/qualification: 09-07-1993 Document number: N93000004102 | _ |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: | |
| Andrew J. Von Gustedt | |
| c/o 250 Australian Avenue South | |
| West Palm Beach, FL 33401 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | 7 |
| c/o 505 South Flagler Drive, Suite 300 | ſ |
| West Palm Beach, FL 33401 (P.O. Box NOT acceptable) (P.O. Box NOT acceptable) | ָׁר ע |
| 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. Andrew J. Von Gustedt, President & Director (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. | |
| (Signature of Registered Agent) (Date) | |
| If signing on behalf of an entity: | |
| South Florida Mountaineers, Inc. | |
| (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 CR2E045 (8/05)