N94000001692

| (Requestor's Name) | 300161793993 | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) . PICK-UP WAIT MAIL | · | | | |
| (Business Entity Name) . | 10/19/0901023017 **35.00 | | | |
| (Document Number) | TALL STATE OF THE | | | |
| Certified Copies Certificates of Status | Operation of the Contract of t | | | |
| Special Instructions to Filing Officer: | FILED TON OCT 19 A 9 14 SECRETARY OF STATE ALLAHASSEE, FLORIDA | | | |
| | Uf change Town | | | |

Office Use Only

TIMOTHY J. SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW 427 McKenzie Avenue Post Office Box 2327 PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN* CHARLES J. STAFFORD *ALSO MEMBER OF DISTRICT OF COLUMBIA AND MISSOURI BARS

TELEPHONE (850) 769-2501 FACSIMILE (850) 769-0824

October 13, 2009

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Horizon South XVII, Inc.

Gentlemen:

Enclosed please find an original Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced corporation, together with a check in the amount of \$35.00 to cover the cost of filing. Please file the Statement at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLQAN, P. A.

Timothy J.

TJS/mf Encl.

COVER LETTER

| TO: | Amendment Section Division of Corporations | 5 | | | | | | | |
|----------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------|--|--|--|--|--|
| SUBJ | ECT: | HORIZON SOUT | H XVII, INC. | | | | | | |
| DOC | UMENT NUMBER: | N94 | 000001692 | | | | | | |
| | nclosed Statement of Chan | | e/Agent and fee are submi | tted for filing. | | | | | |
| Please | return all correspondence | concerning this matter | r to the following: | | | | | | |
| | · | - | | | | | | | |
| | | TIMOTHY | J. SLOAN | | | | | | |
| | | Name of Co | ntact Person | | | | | | |
| | | | | | | | | | |
| | | | SLOAN, P.A. | | | | | | |
| | | Firm/Co | ompany | | | | | | |
| | | 427 McKENI | ZIE AVENUE | | | | | | |
| | | | ress | | | | | | |
| | | | | | | | | | |
| | | PANAMA CIT | ΓY. FL 32401 | | | | | | |
| PANAMA CITY, FL 32401 City/State and Zip Code | | | | | | | | | |
| | | | | | | | | | |
| | E-mail addr | ess: (to be used for f | uture annual report noti | fication) | | | | | |
| | | • | | | | | | | |
| For fu | rther information concerni | ng this matter, please | call: | | | | | | |
| | TIMOTHY J. S | SLOAN | at (<u>850</u>) | 769-2501 | | | | | |
| | Name of Contact | | Area Code & Dayt | ime Telephone Number | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | | | | | |
| | Amend Divisio P.O. Bo | Address: ment Section n of Corporations ox 6327 assee, FL 32314 | Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F | ection orporations ng ve Center Circle | | | | | |

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

| statement of cha | nge is submitted for a co | rporation organized | 507.1508, or 617.1508, Flo d under the laws of the Stat d agent, or both, in the Stat | e of FLORIDA | |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------|
| 1. The name of | the corporation: HORI | ZON SOUTH | XVII, INC. | | |
| 2. The principal | office address: 17462 | FRONT BEACH | ROAD | | |
| PANAMA | CITY BEACH, FL 3: | 2413 | | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incor | poration/qualification: | 04/06/1994 | Document number: | N94000001692 | |
| | d street address of the cur rtment of State: (If resign | | t and registered office on f | ile with the | |
| | GARTH D. BONNE | EY, ESQ. | | TAS 3 | |
| | 436 McKENZIE A\ | /ENUE | | 2000 OCT SECRET | n · |
| | PANAMA CITY, FL | _ 32401 | | IARY ASSE | |
| 6. The name and (if changed): | d street address of the new | v registered agent (i | f changed) and /or register | ed office OF STA | O ! |
| | TIMOTHY J. SLOA | AN | | TE IL | |
| | 427 McKENZIE A\ | | | | |
| | 5 | P.O Box NOT ac | ceptable | | |
| | PANAMA CITY, FL | | | | |
| | | | dress of the business offic | | t, |
| Such change w authorized by t | as authorized by resolut he board, or the corpora | ion duly adopted by tion has been notifi | y its board of directors or ed in writing of the chang | by an officer so | |
| Llepken | If of an officer or director | | Step Hew M. T. Printed or typed nam | LAVIS / ALP, MU | ISTER BOAK I |
| I hereby accept I further agree of my duties, ar document is be corporation ha | the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflec s been notified in writin | istered agent and a isions of all statute d accept the obliga et a change in the r g of this change. | gree to act in this capacit s relative to the proper ar tion of my position as reg egistered office address, l | y. id complete performan istered agent. Or, if th hereby confirm that th | ce nis ne |
| Sie | nature of Registered Agent | <u> </u> | 10// | 3/09 | - |
| | chalf of an entity: | | · | , | |
| | 'yped or Printed Name | | | | |

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