56PE 00000PPP

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400063889184

01/16/06--01016--002 **35.00

06 JAN 18 PH 1: 45
SECRETARY OF STATE
TALLAHASSEE FLORINA



COVER LETTER

Amendment Section Division of Corporations SUBJECT: Bay Port Yacht Club, Inc.
(Name of Corporation) DOCUMENT NUMBER: N94000002422 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: Theodore J. Hamilton (Name of Contact Person) Wetherington Hamilton Harrison & Fair, P.A. (Firm/Company) P.O. Box 172727 Tampa, FL 33672-0727 (City/State and Zip Code) For further information concerning this matter, please call: Jessica Zehr (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi	zed under the laws o	f the State of _F	Florida		
in orde	er to change its registered office or register	red agent, or both, ir	n the State of Fl	orida.		
1. The name of	the corporation; Bay Port Yacht Club,	Inc.				
2. The principal	office address: 5814 Dory Way, Tamp	oa, FL 33615				
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 5/11/1994	Document num	ber: N94000	002422		
	I street address of the current registered ag tment of State:	ent and registered of	ffice on file with	ı the		
	Theodore J. Hamilton					
	400 N. Tampa St.; Suite 2625					
	Tampa, FL 33602			TAL SE		
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or	registered offic	FIL JAN I CRETAI LABAS		
	Theodore J. Hamilton			SEE B		
	1010 N. Florida Ave.			PR 1: FLOR		
	(PO. Box NOT acceptable)			1: 45 TATE ORIDA		
	Tampa, FL 33602					
_	ess of its registered office and the street a be identical.					
Such change was authorized by the	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directified in writing of the	ctors or by an one change.	officer so		
(Gighati	re of an officer or director)	Theodore J. H	amilton £,	4 1/4 le)		
I hereby accept I further agree to finy duties, and document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the oblig ng filed merely to reflect a change in the been notified in writing of this change.					
Sign	nature of Registered Agent)	/11/2206	(Date)			
	half of an entity:	•	-			
Theodore J						
(7)	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 (8/05)