

N9700000/236

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TALLAHASSEE, FLORIDA

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October 12, 2010

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: TARPON AQUATIC CLUB, INC.
Document No. N970000001236

Dear Sir:

Enclosed please find an original and two copies of the Statement of Change of Registered Office or Registered Agent to be filed in the above matter. Our client's check in the amount of \$35.00 for these is enclosed. If you need any additional information, please do not hesitate to contact our office. Please return a stamped copy of this in the enclosed envelope.

Thank you for your assistance.

Yours very truly,



David K. Oaks

DKO:js
Encl.

FLORIDA DEPARTMENT OF STATE, SECRETARY OF STATE

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

Pursuant to the provisions of section 607.0502 or 607.1508, 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:
TARPON AQUATIC CLUB, INC.

1a. Date of Incorporation 2-28-97 Document Number N97000001236

2. The name and address of the current registered agent and office:
JEFFREY A. CAIN
7537 Carmabola
Punta Gorda, FL 33955

3. The name and address of the new registered agent and office:
(P. O. Box not acceptable) BRIAN G MORAN
33 MANIZAKS AVE
PUNTA GORDA FL 33983

The street address of its registered agent 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.

SIGNATURE

JEFFREY A. CAIN, President

DATE

10/8/10

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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.

SIGNATURE

Brian G Moran

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DATE 26 OCT 2010

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
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