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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Grand Bay/LBK III Association, Inc.					
(Name of Corporation)					
DOCUMENT NUMBER: N97000003445					
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:					
·					
Brian Smith					
(Name of Contact Person)					
Rampart Properties, Inc					
(Firm/Company)					
9887 Fourth Street N Suite #301					
(Address)					
Saint Petersburg FL 33702					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Brian Smith at (727) 577-2200					
Brian Smith at (727) 577-2200 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State					

Mailing Address: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 6 inge is submitted for a corporation r to change its registered office or	n organized under the laws	of the State of Flori	
	he corporation: Grand Bay/		V	
2. The principal	office address: 9887 4th St Petersburg FL 3	Street N SUite		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	Document nui	mber: <u>N97000034</u>	45
	street address of the current regis tment of State: Beth: Callans Manag		office on file with the	-
	595 Bay Isles Rd S	uite #200		Q.V.
	Longboat Key FL	34228		N SE
6. The name and (if changed):	Rampart Properties 9887 4th Street N (PO. Box NOT ac St Petersburg FL	, Inc. Suite #301	or registered office	IN SEP -1 PH 2: 04
The street addre as changed will	ss of its registered office and the be identical.	street address of the busin	ness office of its register	ed agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of dir	ectors or by an officer settle change.	o
Carch	Hilsarry re of an officer or diffector)	CARL	Or typed name and title)	
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	tent and agree to act in thi all statutes relative to the p he obligation of my positive in the registered office of hange.	is capacity proper and complete per on as registered agent address, I hereby confiri	rformance Or, if this n that the
3	1.75		8-//-// (Date)	
(Sig	nature of Registered Agent)		(Date)	
If signing on bel	·			
Brian Sm:	ith yped or Printed Name)	-		
	* * * FILI?	NG 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)