P00000016443

(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:			



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C. Coulliette SEP 1 2 2006

COVER LETTER

Division of Corporations
SUBJECT: FSBI REALTY Co. (Name of Corporation)
DOCUMENT NUMBER:
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:
Miriam Speakman (Name of Contact Person)
FSBI Realty, Com (Firm/Company)
111 Sandpiper Crecle
Jupiter FL 33477 (City/State and Zip Code)
For further information concerning this matter, please call:
MiRIAM Speal(man at (561) 575-2844 (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 change	vovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu ge is submitted for a corporation organized under the laws of the State of $_{}$ Eto change its registered office or registered agent, or both, in the State of Floric	Florida	
1. The name of the	e corporation: FSBI REALLICO.		
2. The principal offi	ffice address: 111 Sandpiper Circle, Jup. FL 33477	orter	
3. The mailing addr	lress (if different):		
4. Date of incorpora	ration/qualification: 2/10/2000 Document number: POO	000016	
5. The name and str Florida Departme	treet address of the current registered agent and registered office on file with the nent of State:	ie	
*****	MiRIAM SPEAKCMAN		
	138 Ocean Cove Drive	TA . 2	
	Jupiter, 92 33477	HV777	
6. The name and stre (if changed):	treet address of the new registered agent (if changed) and /or registered office	ASSEE,	FILE
_	MIRIAM SPEAKMAN	FLO FLO	
	111 Sandriper Circle (P.O. Box NOT acceptable)	ATE RIDA	
_	Jupiter, FC 33477		-
The street address of as changed will be	s of its registered office and the street address of the business office of its rege identical.	gistered agent,	
Such change was an authorized by the b	authorized by resolution duly adopted by its board of directors or by an offi board, or the corporation has been notified in writing of the change.	icer so	_
M/wan	of an officer of director) President Printed or typed name and titlet		
/	te appointment as registered agent and agree to act in this capacity comply with the provisions of all statutes relative to the proper and complet I am familiar with and accept the obligation of my position as registered ag filed merely to reflect a change in the registered office address, I hereby cover notified in writing of this change.	te performance ent. Or, if this onfirm that the	-
Muani (Signatur	Selatora 9/6/06 ture of Registered Agent) (Date)	 	. –
If signing on behalf	olf of an entity:		
Miriant SO	SEAKMAN ed or Printed Name)		

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