## 10000654 **VALON** ione# Office Use Only OCUMENT NUMBER(S), (if known): CORPO Of Sarasota, Inc. P.O. Box 50336 Sarasota, Florida 34232 (Document #) (Corporation Name) (Corporation Name) (Document #) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Cop Pick up time ■ Walk in Certificate os Photocopy ☐ Will wait ☐ Mail out **AMENDMENTS** NEW FILINGS Amendment ☐ Profit Resignation of R.A., Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal 2000 M2, 4, 01 2000 M2, 4, 01 Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other **Examiner's Initials**

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida
the following statement in order to change its registered off
1. The name of the corporation: The Avalon Group of Sarasota, Inc.
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2. The mailing address of the corporation: 7602 301 Boulevard, Sarasota, Florida 34243
2 December 2
3. Date of incorporation/qualification: 07/07/00 Document number: P00000065419  4. The name and address of the current with t
4. The name and address of the current registered agent and office:
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32201
and address of the new registered agent (if changed) and/or registered agent (if changed)
The receptable)
Mark A. Gruwell, Esq.
747 North Washington Boulevard
Sarasota, Florida 34236
agent, as changed, will be identical
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
(Signature of an officer, chairman of the board)  (Deta)
Thomas B. Ferguson, President
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 registered agent.  A performance of my duties, and I am familiar with and accept the obligation of my position as
Mark A. Gruwell, Esq. (Date)
If signing on behalf of an entity:  (Date)
(Typed or Printed Name) (Capacity)
* * * ETI TAIC TEET CON CO.

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

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314