P0000114631

(Requestor's Name)	
(Address)	
	,
(Address)	
(Address)	
(City/State/Zip/Phon	e #}
PICK-UP WAIT	MAIL
(Business Entity Na	me)
(Busiliess Entity Na	me)
(Document Number)
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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08/10/04--01056--017 **280.00

2004 BIR 10 AM ID: 00

R. A. Charge LFJ 8-23-04

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ange is xubmitted for a corporation organized under the laws of the State of Florida	this	
	er to change its registered office or registered agent, or both, in the State of Florida.		
i. The name of	the corporation SEMCO IV, Inc.		
2. The principal	office address: 1920 Palm Beach Lakes Boulevard, #202, West Palm Beach, Flor	ida 33409	
		 -	
3. The mailing a	address (if different): Same		 -
4. Date of incor	poration/qualification: 12/11/2000 Document number: P00000114831		·
	d street address of the current registered agent and registered office on file with the triment of State:		
	Mark W. Smith	, 100K	JIVI
	1920 Palm Beach Lakes Boulevard, #202	2004 AUG 10	NOK O
	West Palm Beach, Florida 33409	10	F CQ
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	AM 10: 00	DIVISION OF CORPORATION
	Michael G. Donnell	Õ	₹ .
	1920 Paim Beach Lakes Boulevard, #202		
	(P.O. Box NOT acceptable)	-	. • •,
	West Palm Beach, Florida 33409		
The street addr as changed wil	ress of its registered office and the street address of the business office of its regist Il be identical.	ered agent,	
Such change wathorized by	as authorized by resolution duly adopted by its board of directors or by an officer the board, of the corporation has been notified in writing of the change.	50	
Mal	Michael G. Donnell, President (Printed or typed name and time)		
I hereby accept I further agree of my duties, at document is be corporation to	If the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete t and I am familiar with and accept the obligation of my position as registered agent and filed marely to reflect a change in the registered office address, I hereby confined in writing of this change.	erformance Or, if this irm that the	r.
Melle	ignature of Repsecond Agents (Date)		
If signing on b	chalf of an entity:		
	(Typed or Printed Name)		

MAKE CHECKS FAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314

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