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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

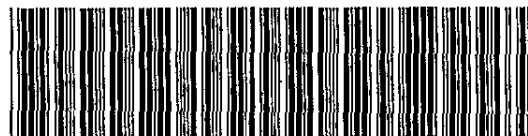
(Business Entity Name)

(Document Number)

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SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

R.A. change

T BROWN AUG 25 2004

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ST. ANDREWS HARBOUR REALTY, INC. OF P.C.
(Name of corporation)

DOCUMENT NUMBER: P01000003909

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:

JAMES J MCVEIGH

(Name of person)

ST. ANDREWS HARBOUR REALTY, INC. OF P.C.

(Name of firm/company)

P O BOX 4123

(Address)

PANAMA CITY, FLORIDA 32401

(City/state and zip code)

For further information concerning this matter, please call:

JOHN MCVEIGH

(Name of person)

at (850) 527-6060

(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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 11, 2004

JAMES J. MCVEIGH
P.O. BOX 4123
PANAMA CITY, FL 32401

SUBJECT: ST. ANDREWS HARBOUR REALTY, INC. OF P.C.
Ref. Number: P01000003909

We have received your document for ST. ANDREWS HARBOUR REALTY, INC. OF P.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 404A00049781

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, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ST. ANDREWS HARBOUR REALTY, INC. OF P.C.
2. The principal office address: 1127 1/2 BECK AVENUE, PANAMA CITY, FL 32401
3. The mailing address (if different): PO Box 4123, PANAMA CITY, FL 32401
4. Date of incorporation/qualification: 1-8-2001 Document number: P01000003909
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

PAUL RUFFINO

4655 BAYWOOD DRIVE, LYNN HAVEN, FL 32444

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JAMES J MCVEIGH

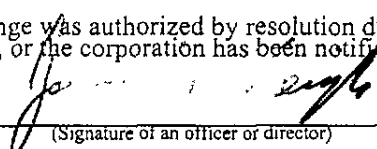
1127 1/2 BECK AVENUE, PANAMA CITY, FL 32401

(P.O. Box or personal mailbox NOT acceptable)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The street address of its registered office 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, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

PRES. - JOHN McVeigh
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

8/15/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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