P0100032591

(Red	questor's Name)					
(Add	dress)					
(Add	dress)					
•	,					
(Cit)	//State/Zip/Phone	#)				
(4-1)	,, , , , , , , , , , , , , , , , , , ,	,				
PICK-UP	MAIT	MAIL				
(Bus	siness Entity Nam	ne)				
(Document Number)						
·						
Certified Conies	Certificates	of Status				
Certified Copies Certificates of Status						
<u></u>						
Special Instructions to F	iling Officer:					

Office Use Only



800009175778

12/04/02--01063--006 **35.00

OZ DEC -4 PH 4: 03

75/10/02 RA/100

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SUNCOAST SPORTPLANES INC. TO (Name of corporation)
DOCUMENT NUMBER: P0100032591
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:
MONTE LAZARUS (Name of person)
MONTE LAZARUS ATTORNEY AT LAW (Name of firm/company)
222 WATERWAY COURT # 202 (Address)
MARCO I SLAND, FLORIDA 34145 (City/state and zip code)
For further information concerning this matter, please call:
MONTE LAZARUS at (239) 394-4104 (Name of 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 409 E. Gaines Street Tallahassee, FL 32399

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

Pursuant to the	provisions of sect	ions 607.0502, (517.0502, 607.1	508, or 617.1508, I	Florida Statutes,
	•	•	_	nder the laws of the	•
FLORIDA	in order to c	change its registe	ered office or re	gistered agent, or b	oth, in the State
of Florida.		_	بـ		
1. The name of the	he corporation:	SUNCOAS!	T>PORTP	LANGE INC	1
2. The principal	office address:	2003 M	AINSAIL	Drive	
<u>.</u> .		NAPLES	FLORIDA	34114	
3. The mailing a	ldress (if different	•			
	· -			-	
4. Date of incorp	oration/qualificati	on: APRICZ	2001 Doc	ument number: Po	1000032591
				gistered office on fi	
Florida Depar	ment of State:			0	AT BE
	KARLI	1. GENG	-		A L
-	/Ar E	MBASSY C			SE F
-	1045	10/8/1/229 C	0010		TO R
-	MARCO	Island,	FL, 04	145	FLO
	d street address of	f the new registe	ered agent (if cl	nanged) and /or regi	ister of piffice (if
changed):	MONTE	LAZARUS			-
· -	222 WA	TERWAY Co	OURT # 70)	-
	MARCO	ISCAND F	LOOLIDA :	34145	•
The street address agent, as change		office and the st		the business office o	of its registered
Such change was	s authorized by re	solution duly add	opted by its boar	rd of directors or by iting of the change.	an officer so
) 0 21	£	*	3 3 4	
	chairman or vice chairman			d or typed name and title)	
I hereby accept i I further agree to performance of i registered agent office address, I	the appointment as comply with the ny duties, and I as Or, if this documents the confirm the confirmation that the confirmation th	s registered ages provisions of all m familiar with a nent is being file at the corporation	nt and agree to a statutes relative ind accept the od merely to refleon has been not	act in this capacity, e to the proper and bligation of my pos ect a change in the i ified in writing of th	complete ition as registered is change.
Monte	mature of Registered Agen	i y — —	Noven	(Ben 30, 200	2
If signing on behalf			=		
	ped or Printed Name)			(Čapacity)	<u> </u>
170	•				

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