Requester's Name Leach -113 1st Street East Nokomis, Fl Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): =(Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time ☐ Walk in Certificate of Status 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 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

		502, 607.1508, or 617.1508, Flo	orida Statutes,
the undersigned corporation or submits the following statemen	_	gistered office or registered age	nt or both in
the State of Florida.	i in order to change its re	gwieren office or regwieren uge.	ni, or voin, in
1. The name of the corporation	: Gilligan's	Village, Inc.	
-			
2. The mailing address of the co		t C1, 1 Cacl	
2. The maning address of the co			
**************************************	<u>Nakomi</u>		
3. Date of incorporation/qualifi	cation: [4pr.] 10, 20	Ol Document number: Pol	000036050
4. The name and address of the	current registered agent ar	nd office:	. _
Timath	ry A. Lench	ALL	은 <u>으</u>
	N8th St. Ci	60.10	OI AUG 27
		· · · · · · · · · · · · · · · · · · ·	SE 2
5. The name and address of the	new registered agent (if ch	nanged) and/or registered office (Felianoes).
	(P. O. Box Not Acc	eptable)	To 6 (
Time	sthy A. Leac	 ب	图 3
	Street EAST		P
	mis, FL 34		w.
			te vanietarad
		ddress of the business office of i	
Such change was authorized by authorized by the board.	resolution duly adopted l	by its board of directors or by an	officer so
Mead		8/23/01	
(Signature of an officer, chairman	n or vice chairman of the board)	(Date)	
Timothy A	A. LIACH	<u>.</u>	
	d name and title)		. •
corporation, I hereby accept the	ea agent and to accept set e appointment as register	rvice of process for the above st ed agent and agree to act in this es relative to the proper and con	ated capacity.
performance of my duties, and l registered agent.	ne provisions of all statut I am familiar with and acc	cept the obligation of my positio	npiete n as
A Sound		8/23/01	
(Signature of Registered	d Agent)	(Date)	· ·
If signing on behalf of an entity:			
	Terror 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		·
(Typed or Printed Nam	ie)	(Capacity)	
	** * FILING FEE: \$3	35.00 * * *	
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DIVISION OF CORPORATION	ONS P.O. BOX 6327	TALLAHASSEE, FL 32314	

TALLAHASSEE, FL 32314