## P01000048883

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ldress)            |           |
| (Ad                     | dress)             | <u> </u>  |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | siness Entity Nan  | ne)       |
| (Do                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |

Office Use Only



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## TRANSMITTAL LETTER

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| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: Charge of Registered Agest (Name of corporation)  |
| DOCUMENT NUMBER: PO 1 0000 4 8882  |
| 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:  |
| Haus- Winger Tuerkis (Name of person)  |
| Suncoast Restals Services, Inc. (Name of firm/company)   |
| 22467 Fountain Lakes Blod  |
| Estevo, FL 33928-2325 (City/state and zip code)  |
| For further information concerning this matter, please call:   |
| Table Her at (S13) 960-7098 (Name of person) (Area code & daytime telephone number)  |
| Enclosed is a \$35,00 check made payable to the Department of State.   |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |

## 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 Flore a in order   |
| to change its registered office or registered agent, or both, in the State of Florida.  |
| 1. The name of the corporation: Saucoast Kenta (5 Services, Inc.  |
| 2. The principal office address: 22467 Fountain hakes 15/11d.   |
| Estero, FL 33928-2325   |
| 3. The mailing address (if different):  |
|   |
| 4. Date of incorporation/qualification: 5/16/01 Document number: TO1006048882   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| Vacusch P. Christopher  |
| 2206 University SO Mall Es P  |
|   |
| - hapa FL 3364 - SE G   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Fd Blothly C  |
| 2007 FT 101 P1 /2 011   |
| (P.O. Box or personal mailbox NOT acceptable)   |
|   |
| 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 daily 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 a forticer or director)  Hans Turger Turer kis, Pres  |
|   |
| I hereby accept the appointment as registered agent and agree to act in this capacity.<br>I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my<br>duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is<br>being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has<br>been notified in writing of this change. |
| 5.28-04   |
| (Signature of Registered Agent) (Date)  |
| If signing on behalf of an entity:  |
| FLANNA H (Blottler - Ken. Anost   |
| (Typed or Printed Name) (Qapacity)  |

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