P01000058393



501 Riverside Avenue, 7th Floor Jacksonville, FL 32202 P 904.355.1700 | F 904.355.1797 www.ybwr.com



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(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
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Certified Copies	Certificate	s of Status		
Special Instructions to Fili	og Officer:			
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Sta rganized under the laws of the State of Fl egistered agent, or both, in the State of Flo	orida	
1. The name of t	the corporation: Suncoast RV, Inc.			
	office address: 3332 Southside Bl			
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 6-12-01	Document number: P010000	58393	
	d street address of the current register rtment of State:	red agent and registered office on file with	58393 The 27 of 2:5	
	Michael M. Bajalia		45	
	1301 Riverplace Blvd., Suite 1700			
	Jacksonville, FL 32207			
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	e	
	Michael M. Bajalia, Esq.			
	501 Riverside Ave. 7th F			
	(P.O. Box NOT acce	ptable)		
	Jacksonville, FL 32202			
The street address changed will	ess of its registered office and the st I be identical.	treet address of the business office of its	registered agent,	
Such change way	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an o en notified in writing of the change.	fficer so	
What My	Justice or director)	MICHAEL M. BAJALIA, (Printed or typed name and titl	TREASURED	
I further agrée of my duties, ar document is be	the appointment as registered ages to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this cha	statutes relative to the proper and comp e obligation of my position as registered in the registered office address. I hereby	lete performance agent. Or, if this confirm that the	
Fall un a	To Basal	9/8/07		
(S)	enalf of an entity:	(Date)		
	Typed or Printed Name)			

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

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