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SECRETARY OF STATE

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COVER LETTER

TO: Amend Divisio	lment Section on of Corporations			
SUBJECT:	Bayway Limited Inc. (Name of Con	rporation)		
DOCUMENT	NUMBER: P01000081756			
The enclosed St	tatement of Change of Registered Office/	Agent and fee are submitted for filing.		
Please return all	correspondence concerning this matter t	o the following:		
	Lynn Hanshaw (Name of Cont			
	(ivame of Cont	act Person)		
	(Firm/Con	npany)		
	840 Pinellas Bayway (Addre			
	(Auure	ssj		
	Tierra Verde, FL 3371	5		
	Tierra Verde, FL 3371 (City/State and	Zip Code)		
For further info	rmation concerning this matter, please cal	II:		
Lynn E. Ha	nshaw	at (727) 867-6384 or 526-3444		
(Name of Contact Person)	at (727) 867-6384 or 526-3444 (Area Code & Daytime Telephone Number)		
Enclosed is a \$3	55.00 check made payable to the Departm	ent of State.		
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations		
	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

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

_	-	ns 607.0502, 617.050 r a corporation organ				*	
		stered office or regist		*			
1. The name of the	corporation:	Bayway Limit	ed Inc.				
2. The principal of	fice address:	840 Pinellas	840 Pinellas Bayway				
		Tierra Verde	, FL 3	3715			
3. The mailing add	ress (if different)			·			
4. Date of incorpor	ation/qualification	n: 2/19/04	Doc	ument number:	P0100008	1756	
5. The name and st Florida Departm		e current registered a	igent and r	egistered office	on file with the		
****	Lynn E. Ha	ınshaw			·	,	
-	314 S. Mis	ssouri Avenue S	Suite 1	09		OF MAN 17	
•	Clearwater	, FL 33756		 		题 是	
6. The name and st (if changed):		e new registered ager		- '	istered office	7 PH 5: 23	
	840 Pinell	as Bayway (P.O. Box NOT acceptable))			DM P	
_	Tierra Ver	de: FL 33715	<u> </u>		<u>-</u>		
The street address as changed will be	of its registered identical.	office and the street	address o	f the business of	office of its regi	stered agent,	
Such change was a authorized by the	uthorized by respond to the cor	solution duly adopted poration has been no	d by its bo stified in v	oard of director vriting of the c	s or by an office hange.	er so	
- Comment	or an otticer or director	,	Sar	ford Katz	PTD ed name and title)		
I further agree to c of my duties, and I document is being	comply with the plant am familiar will filed merely to r	registered agent an provisions of all stat h and accept the obl eflect a change in th riting of this change.	utes relati ligation of le register	act in this cap ye to the prope my position as ed office addre	oacity. er and complete e registered agei ess, I hereby con	performance nt. Or, if this firm that the	
3 min	ather		5/	14/07			
→ (Signat)	ure of Registered Age	ny		(D	ate)	-	
If signing on behal	f of an entity:						
Lynn E. Hans					* · ·		
(1ype	ed or Printed Name)						

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)