P01000117301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2011

ROSE M. KASPER
SOUTHPORT INTERNATIONAL, INC.
806 LINDEN AVE
NICEVILLE, FL 32578-3316

SUBJECT: SOUTHPORT INTERNATIONAL, INC.
Ref. Number: P01000117301

We have received your document for SOUTHPORT INTERNATIONAL, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 011A00014500

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHPORT INTERNATIONAL, INC.
Name of Corporation

DOCUMENT NUMBER: P01000117301

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:

ROSE M. KASPER
Name of Contact Person

SOUTHPORT INTERNATIONAL, INC.
Firm/Company

806 LINDEN AVENUE
Address

NICEVILLE, FL 32578-3316
City/State and Zip Code

ROSENELSON@EARTHLINK.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rose M. KASPER at (850) 279-3142
Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

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 FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: SOUTHPORT INTERNATIONAL, INC.

2. The principal office address: 806 LINDEN AVENUE, NICEVILLE, FL 32578-3316

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 01/01/2002 Document number: P01000117301

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ROSE M. KASPER

1936 SE 26TH TERRACE

CAPE CORAL, FL 33904

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ROSE M. KASPER

806 LINDEN AVENUE

P.O. Box NOT acceptable

NICEVILLE, FL 32578-3316

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 duly 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 an officer or director

ROSE M. KASPER, PRESIDENT
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

6/18/2011
Date

If signing on behalf of an entity:

Rose M. KASPER
Typed 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)