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Michael A. Van Houten
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May 1, 2002

*RF
Change*

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: PK Seaside Apartments, Inc.
Change of Registered Office and Registered Agent

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-05/06/02--01105--010
*****35.00 *****35.00

Dear Sir or Madam:

Enclosed with this letter are the following items:

1. Original plus one copy of Statement of Change of Registered Office and Registered Agent.
2. Check in the amount of \$35.00.

Thank you for your cooperation in this matter if you have any questions, please call.

Sincerely yours,


Michael A. Van Houten

/rs
Enclosures

cc: Peter and Billie Cochran

FILED
02 MAY -6 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*ADP
6/14/02*

CharteNo. _____

Date Filed _____

STATEMENT OF CHANGE OF REGISTERED OFFICE AND REGISTERED AGENT

Pursuant to the provisions of Sections 607.0501 and 607.0502, or 607.1508, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: PK Seaside Apartments, Inc.

2. The name and address of its present registered agent is:

Michael A. Van Houten
114 South Palmetto Avenue
Daytona Beach, FL 32114

3. The name and street address to which its registered agent is to be changed is:
(P.O. BOX NOT ACCEPTABLE)

Billie K. Cochran

110 Brandy Hills Driv

Port Orange, FL 32129

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.

5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

Billie K. Cochran, President
(Typed or printed name and title)

Signature _____

Billie K. Cochran
(President or Vice President)

Date _____

April 17, 02

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name Billie K. Cochran

Signature _____

Billie K. Cochran
(Agent)

Date _____

April 17, 02