## P20029800

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE

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## **COVER LETTER**

	Amendment Section Division of Corporations	
SUBJEC	CT: CHARLOTTE PREFERRED REA	
DOCUM	IENT NUMBER: P02000029800	
The enclo	osed Statement of Change of Registered Office.	Agent and fee are submitted for filing.
Please ref	turn all correspondence concerning this matter	to the following:
	CAROL J. DUNN (Name of Cont	eact Person)
	CHARLOTTE PREFERRED RE (Firm/Cor	
	950 TAMIAMI TRAIL STE 101 (Address)	ess)
	PORT CHARLOTTE, FL 33959 (City/State and	Zip Code)
For furthe	er information concerning this matter, please ca	11:
BARBAF	RA PRIBORSKY (Name of Contact Person)	at ( 941 ) 629-8886 (Area Code & Daytime Telephone Number)
Enclosed	is a \$35.00 check made payable to the Departm	nent 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
	स्रेक्ट्रें के विकास के किया है है।	on the second of
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CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Singe is submitted for a corporation organized under the laws of the State of $\underline{}$ to change its registered office or registered agent, or both, in the State of Fl	FLORIDA		_
	the corporation: CHARLOTTE PREFERRED REALTY SERVICES INC  office address: 950 TAMIAMI TRAIL, STE 101, PORT CHARLOTTE, FL 339	953		
3. The mailing a	address (if different): 13442 SW PEMBROKE CIR N, LAKE SUZY, FL 342	<u>?</u> 69		
4. Date of incorp	poration/qualification: 3/11/2002 Document number: P020000	29800		
	I street address of the current registered agent and registered office on file with truent of State:	h the		
	CAROL J. DUNN			
3191 B HARBOR BLVD.		TAS	200	
	PORT CHARLOTTE, FL 33952	CRE	1 NUL 7002	Π
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	TARY OF	119 PM	
	NO CHANGE TO REGISTERED AGENT NAME	STA FLOR	Ŧ.	O
	950 TAMIAMI TRAIL STE 101	30,4	ဍ္	
	(P.O. Box NOT acceptable) PORT CHARLOTTE, FL 33953			
Such change was authorized by the	ess of its registered office and the street address of the business office of its be identical.  as authorized by resolution duly adopted by its board of directors or by an encountry of the corporation has been notified in writing of the change.	officer s		nt,
I hereby accept I further agree of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity to comply with the provisions of all statutes relative to the proper and com and I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby the best of the proper and complete the control of the proper and complete and services and the proper and complete address, I hereby the proper address of the proper address of the proper address of the proper address. The proper address of the	•	rforma Or, if t m that t	nce !his !he
Cand	Instruction of Registered Agent) (Date)			_
	shalf of an entity:			
(1	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)