

P02000071725 10/9/02

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

600008352276-7  
-10/14/02-01020-006  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

SUBJECT: OLD WEST GONE SOUTH, INC.

(Name of corporation)

DOCUMENT NUMBER: P0200071725

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:

SHARON RICHEY

(Name of person)

OLD WEST GONE SOUTH, INC.

(Name of firm/company)

3658 CR 513

(Address)

WILDWOOD, FL 34785

(City/state and zip code)

For further information concerning this matter, please call:

SHARON RICHEY

(Name of person)

at ( 352 ) 330-0947

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
02 OCT 21 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RO/change  
1a 10/24/02



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State

October 15, 2002

SHARON RICHEY  
OLD WEST GONE SOUTH, INC.  
3658 CR 513  
WILDWOOD, FL 34785

SUBJECT: OLD WEST GONE SOUTH, INC.  
Ref. Number: P02000071725

We have received your document for OLD WEST GONE SOUTH, 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):

You failed to include the new registered agent's name in part 6(six) of the document.

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) 245-6964.

Irene Albritton  
Document Specialist

Letter Number: 502A00057506

RECEIVED

02 OCT 21 AM 11:15

DIVISION OF CORPORATIONS

**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: OLD WEST GONE SOUTH, INC.
2. The principal office address: 230 COUNTY ROAD 210  
OXFORD, FL 34483
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 6/28/02 Document number: P0200071725
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
SHARON RICHEY  
230 COUNTRY ROAD 210  
OXFORD, FL 34483

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

Sharon Richey

3658 CR 513

(P.O. Box or personal mailbox NOT acceptable)

WILDWOOD, FL 34785

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]  
(Signature of an officer, chairman or vice chairman of the board)

BECKY SLARK, SEC/TREAS  
(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]  
(Signature of Registered Agent)

Oct 20 2002  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

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

FILED  
02 OCT 21 PM 12:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA