

PO3000076753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

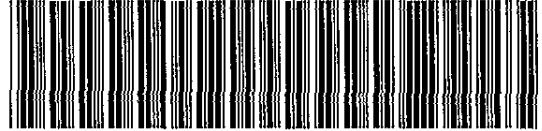
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



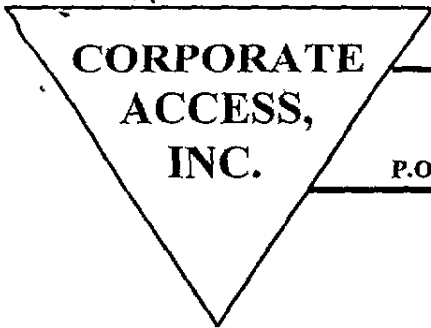
400024514704

12/10/03--01029--004 **70.00

RECEIVED
03 DEC 10 AM 11:21
DIVISION OF CORPORATION
FILED
03 DEC 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. Ocullette DEC 10 2003

\$35.00



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 12/10/03 Linda

CERTIFIED COPY CUS

✓ PHOTO COPY ✓ FILING Amard

1.) SUNCOAST Great River Groves, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

**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: SUNCOAST GREAT RIVER GROVES, INC.
2. The principal office address: 7119 SOUTH TAMIAMI TRAIL, SARASOTA, FLORIDA 34234
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 7/14/03 Document number: P03000076753
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CRAIG BRIVIK

5317 SALISBURY LANE

SARASOTA, FLORIDA 34234

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

TY WILKINSON

7119 SOUTH TAMIAMI TRAIL

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

SARASOTA, FLORIDA 34231

FILED
03 DEC 10 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

(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.



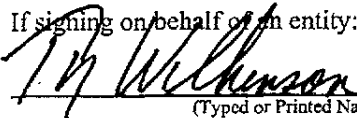
(Signature of Registered Agent)

TY WILKINSON

11/13/03

(Date)

If signing on behalf of an entity:



(Typed or Printed Name)

Director

(Capacity)

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

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