

PD3000105883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

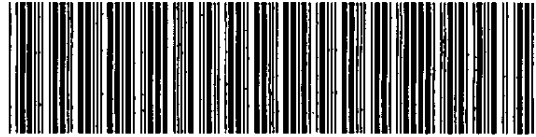
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JUL 24 PM 12:41  
ALABAMA SECRETARY OF REVENUE

RA chg.  
7/29/08  
SP

July 14, 2008

Florida Dept. of State  
Division of Corporations  
Attn: Susan Payne  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Pelican Capital Investment Group, Inc.  
Document # P03000105883

Dear Ms. Payne:

Pursuant to our conversation today, enclosed please find the necessary forms to change the name and address of the current registered agent for Pelican Capital Investment Group, Inc., Document # P03000105883. I understand that this is normally not permissible once a corporation has been dissolved, but due to the circumstances of having to provide updated information for the purpose of providing records or files for up to five years, I feel it is imperative to keep this information current and updated. As a result of this information not remaining updated, agencies continue to serve an invalid registered agent name and address.

Thank you so much for taking the extra time to listen and to solve this dilemma. I am grateful for your understanding with respect to this matter.

I have also enclosed a check for the \$35.00 filing fee and please do not hesitate to contact me if you need anything further from me.

Thank you again,

  
Bonnie Gardner  
(239) 860-7135

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PELICAN CAPITAL INVESTMENT GROUP INC.  
(Name of Corporation)

DOCUMENT NUMBER: P03000105883

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:

MARGARET FRITZ  
(Name of Contact Person)

PELICAN CAPITAL INVESTMENT GROUP INC.  
(Firm/Company)

16 HACKNEY LAKE  
(Address)

NAPLES, FLORIDA 34112  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARET FRITZ at ( 239 ) 860-7135  
(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

**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: PELICAN CAPITAL INVESTMENT GROUP INC.
2. The principal office address: 7027 US HWY 19 N  
NEW PORT RICHEY, FL 34652
3. The mailing address (if different): 1372 TROY AVENUE  
SPRING HILL, FL 34606
4. Date of incorporation/qualification: 9/26/2003 Document number: P03000105883
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BONNIE WALTERS  
8453 CRANES ROOST DRIVE  
NEW PORT RICHEY, FL 34654

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

MARGARET FRITZ  
16 HACKNEY LANE  
(P.O. Box NOT acceptable)  
NAPLES, FLORIDA 34112

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.

Bonnie Walters Gardner  
(Signature of an officer or director)

BONNIE WALTERS GARDNER  
(Printed or typed name and title) **(PRES)**

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.

Margaret J. Fritz  
(Signature of Registered Agent)

7/16/08  
(Date)

If signing on behalf of an entity:

MARGARET J. FRITZ  
(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)