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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone

: (850)222-1092

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REGISTERED AGENT CHANGE

PESCARA LAKE, INC.

Certificate of Status	0
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Corporate Filing Menu

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1/11/2008

CT CORP

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 Illinois in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: PESCARA LAKE, INC.
2. The principal office address: 370 57TH AVE W
BRADENTON FL 34207 US
3. The mailing address (if different): 9001 S CICERO AVE #311
OAK LAWN IL 60453 US
4. Date of incorporation/qualification: 08/21/1984 Document number: P03100
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: QUINLAN, JOHN V 601 12TH STREET WEST
QUINLAN, JOHN V FE F
601 12TH STRBET WEST
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
changed): CT Corporation System
c/o C T Corporation System
(PO. Box or paramal mailbox NOT acceptable) 1200 South Pine Island Road, Plantation, Florida 33324
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.
(Sugnature of an officer, chantment of vice chanteent of the board) (Standard 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.
By: Described M. Variante (Signature of Registored Agent) (Date)
(Signature of Registered Agent) (Date) If signing on behalf of an entity:
Bernadette McNamara Asst. Secretary
(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

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