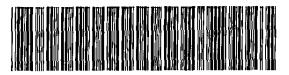
## P04000052382

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		į	

Office Use Only



300059655013

09/16/05--01007--002 \*\*35.00

FILED

05 SEP 16 AH ID: 00

TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: MYAKKA RIVER RESALES, INC (Name of Corporation)			
DOCUMENT NUMBER: P04000052382			
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:			
George L Spector			
(Name of Contact Person)			
MYAKKA RIVER RESALES, INC (Firm/Company)			
(Firm/Com	pany)		
1800 Second Street, Suite 755 (Address)			
(Additional)	3)		
Sarasota, Florida 34236			
(City/State and Zip Code)			
For further information concerning this matter, please call	:		
George L Spector	at (941) 365-0969 (Area Code & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed is a \$35.00 check made payable to the Departme	ent of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Amenament Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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