

P04000059650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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08 OCT 10 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. Roberts OCT 13 2008



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2008

CHARLES PT PHOENIX, ESQ.  
PHOENIX LAW PA  
12800 UNIVERSITY DRIVE STE 260  
FORT MYERS, FL 33907

SUBJECT: OCEAN RESTORATION CORPORATION  
Ref. Number: P04000059650

We have received your document for OCEAN RESTORATION CORPORATION and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that you completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 408A00049096

RECEIVED  
2008 OCT 10 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ocean Restoration Corporation  
(Name of Corporation)

**DOCUMENT NUMBER:** P04000059650

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:

Charles PT Phoenix  
(Name of Contact Person)

Phoenix Law  
(Firm/Company)

12800 University Drive, Suite 260  
(Address)

Fort Myers, Florida 33907  
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles PT Phoenix, Esq. at ( 239 ) 461-0101  
(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: Ocean Restoration Corporation
2. The principal office address: 17101 Captiva Drive  
Captiva, Florida 33924
3. The mailing address (if different): same
4. Date of incorporation/qualification: 4/2/04 Document number: P04000059650
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Monk, Robert C  
1633 Periwinkle Way Ste A  
Sanibel, Florida 33957

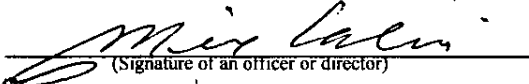
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Charles PT Phoenix, Esq.  
12800 University Drive, Suite 260  
(P.O. Box NOT acceptable)  
Fort Myers, Florida 33907

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DIVISION OF STATE  
TALLAHASSEE, FLORIDA

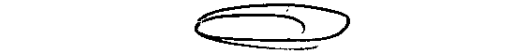
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

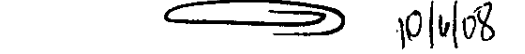
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Mike Calinski  
(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)

  
(Date)

If signing on behalf of an entity:

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