

PO40000064877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

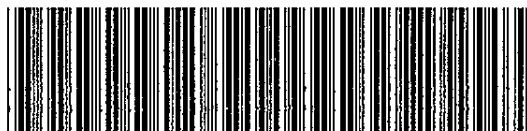
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

R.A. change

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Transatlantic Developers Inc  
(Name of corporation)

**DOCUMENT NUMBER:** P04 000064877

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:

Joei Skeffington  
(Name of contact person)

Transatlantic Developers Inc  
(Firm/Company)

2203 Statesbury Way  
(Address)

Wellington, FL 33414  
(City/state and zip code)

For further information concerning this matter, please call:

Joei Skeffington at (561) 841-3084  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: Transatlantic developers, Inc.  
2. The principal office address: PO Box 541569 Lake Worth, FL  
33454  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/20/2004 Document number: PO4000064877

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Joel Skerffington  
7645 Lake Worth Rd.  
Lake Worth, FL 33467

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

Joel Skerffington  
2203 Statesbury Way  
(P.O. Box NOT acceptable)  
Wellington, FL 33414

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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]  
(Signature of an officer or director)

Joel Skerffington ~~Secretary~~  
(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]  
(Signature of Registered Agent)

1/6/05  
(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