## P05000031620

BDH Invistment (orp. (Requestor's Name)			
3425 N. Atlantic Ave.			
Cocca Beach Fl 32931 (Address)			
•			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Eddinoso Endly Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
·			

Office Use Only



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SECRETARY OF STATE ALLIAHASSEE, FLORIDA

RA. Change

**C.COULLIETTE** 

OCT 0 9 2008

**EXAMINER** 

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th nge is submitted for a corporation organized under the laws of the State of Florid r to change its registered office or registered agent, or both, in the State of Florida.		-
1. The name of the	he corporation: Wavecrest Development Corp.		
	office address: 3425 N. Atlantic Avenue		
3. The mailing ac	ddress (if different):		
4. Date of incorp	poration/qualification: 3/2/2005 Document number: P05000031620		
	I street address of the current registered agent and registered office on file with the trnent of State:		
	John R. Kancilia		
	1800 W. Hibiscus Boulevard, Suite 138		
	Melbourne, FL 32901		
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	08 OCT -3	
	John R. Kancilia	ြည်	California California
	1795 West Nasa Boulevard	PH	, hard
	(P.O. Box NOT acceptable)	Ž.	Participal D
	Melbourne, FL 32901	5	-
The street addre	ess of its registered office and the street address of the business office of its register be identical.	ed ager	11,
	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.		
(Nignatu	Tom C. Hermansen, President (Printed or typed name and title)	:	_
	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete per ad I am familiar with and accept the obligation of my position as registered agent, ing filed merely to reflect a change in the registered office address, I hereby confirt s been notified in writing of this change.	rformar Or, if to n that to	ıce his he
	grafing of Registered Agent) G-19-00		
(Sig	gnature of Registered Agent) (Date)		-
If signing on be	chalf of an entity:		
	Typed or Printed Name)		
	••		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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