## P05000052017

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C. Coulliene JUN 2 4 2005

## TRANSMITTAL LETTER

· TO:

TO:	Amendment Section Division of Corporations	-	
SUBJ	ECT: CLO Resources, Inc.	poration)	
DOC	UMENT NUMBER: P05000052017		,
	nclosed Articles of Correction and fee are s	bmitted for fili	ing.
	e return all correspondence concerning this		
	Adam Sch	cher, Esq.	
	(Called S.)	,	
	Dunwody White (Name of Fire	& Landon, P.A.	
	·		
	550 Biltmore W		
	Coral Gables (City/State at	FL 33134 Zip Code)	
For fu	arther information concerning this matter, pl	ease call:	
Adam	a Schucher, Esqat (	305 ) 52	29-1500 Jaytime Telephone Number)
	(Name of Person)	(Arca Code & D	aytime Telephone Number)
Enclo	osed is a check for the following amount:		
	<b>2</b> \$35.00 Filing Fee	□ \$43.75 Fi	iling Fee & Certificate of Status
	S43.75 Filing Fee & Certified Copy	S52.50 Fi Certified	iling Fee, Certificate of Status & Copy
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	Ame Divi 409	et Address: endment Section sion of Corporations E. Gaines Street ahassee, Florida 32399



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 10, 2005

ADAM SCHUCHER, ESQ. DUNWODY WHITE & LANDON, P.A. 550 BILTMORE WAY, STE. 810 CORAL GABLES, FL 33134

SUBJECT: CLO RESOURCES, INC. Ref. Number: P05000052017

We have received your document for CLO RESOURCES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Section 620.108, Florida Statutes, requires the registered office and registered agent be included in the certificate.

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) 245-6903.

Cheryl Coulliette Document Specialist

Letter Number: 105A00033469

05 JUN 24 AM 8: 00

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

A . . .

	provisions of sections 607.0502 ange is submitted for a corporat			
in orde	er to change its registered office	or registered agent,	or both, in the State	of Florida.
1. The name of	the corporation: CLO Resource	s, Inc.		<del></del>
2. The principal	office address: 131 Seaside A	venue Key Largo, Fl	_ 33070	<u> </u>
		<u>, , , , , , , , , , , , , , , , , , , </u>		
3. The mailing	address (if different):	<u> </u>	<u> </u>	
<del></del>		<u> </u>		<u> </u>
4. Date of incor	poration/qualification: April 7, 2	2005 Docu	ment number: P050	00052017
	d street address of the current re rtment of State:	gistered agent and rep	gistered office on file	with the
	Rick Wallens	\$ <del></del>	<u>. go tougue</u> e e e	<b>影</b> 8
	99353 Overseas Highway, Su	rite 14		
	Key Largo, FL 33037			RRY O
6. The name and (if changed):	d street address of the new regis	tered agent (if change	ed) and /or registered	ED PM 2: 38 PM 2: 38 FSTATE FIGURAL GEORGE
	Richard T. Rollins	<u> </u>		
	99353 Overseas Highway, Su	iite 14		r ·
	(P.O. Box NO	T acceptable)		
	Key Largo, FL 33037			
The street address changed will	ess of its registered office and to be identical.	the street address of	the business office of	of its registered agent,
Such change wanthprized by the	as authorized by resolution dul he board, or the corporation ha	y adopted by its boa s been notified in wr	rd of directors or by iting of the change.	an officer so
Joaleffe	we storner derector dy	_ Isabe	The B Moor	la Presi
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registered to comply with the provisions of the second of the second the second of the second of the second the second of the second of the second of the second the second of the seco	agent and agree to to of all statutes relative of the obligation of nange in the registered schange.	act in this capacity. e to the proper and ny position as regist d office address, I hi	complete performance ered agent. Or, if this ereby confirm that the
Lending	gnature of Registered Agent)	<u></u>	6/4/0	5
If signing on be	chalf of an entity:	•		
RICHAR	Typed or Printed Name)	<u></u>	em see 112 (12 ) (12 ) (14 ) (14 ) (14 ) (14 ) (14 ) (14 ) (14 ) (14 ) (14 ) (14 ) (14 ) (14 ) (14 ) (14 ) (14 )	- •

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