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| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (2004) | | | | |
| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: SARASOTA REAL RESTATE SERVICES INC. (Name of Corporation) |
| DOCUMENT NUMBER: POSOOOO 66667 |
| 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: |
| CARY BREY (Name of Contact Person) SARASONA REAL ESHATE SERVICES INC (Firm/Company) 4649 DEER CREEK Blvd. (Address) |
| SARASOVA FC 34238 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (941) 926-8771 (Area Code & Daytime Telephone Number) |
| To the 11 control of the Department of Chate |

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 secti statement of change is submitted for | or a corporation organize | ed under the laws of the S | tate of FloRida |
|---|--|---|-------------------------------|
| in order to change its reg | istered office or registere | ed agent, or both, in the S | tate of Florida. |
| 1. The name of the corporation: | SARASONA | REAL ESTATE | - Socrices Inc. |
| 2. The principal office address: | | e creek blud | |
| | SARASONO | FC 34238 | |
| 3. The mailing address (if differen | t): | | |
| 4. Date of incorporation/qualificat | ion: 516/2005 | Document number: | Poso000 66667 |
| 5. The name and street address of Florida Department of State: | the current registered age | nt and registered office o | n file with the |
| | 9AL 200m NE | rada | |
| 44 | W Flagles. | ST Suits 67 | E 00 1 |
| MIM | Ni FL 33/30 | 2 | |
| 6. The name and street address of (if changed): | the new registered agent | (if changed) and /or regis | tered office |
| | GARY BREY | | |
| 4649 | DEEK CREE (P.O. Box NOT acceptable) | c Blod. | |
| | 1504A FL 3 | _ | |
| The street address of its registere as changed will be identical. | ed office and the street ac | ddress of the business of | fice of its registered agent, |
| Such change was authorized by authorized by the board, or the c | esolution duly adopted lorporation has been noti | by its board of directors fied in writing of the cha | or by an officer so ange. |
| Jack R. R. (Signature of an other of direct | ety | GARY R. (Printed or types | |
| I hereby accept the appointment I further agree to comply with the of my duties, and I am familiar was document is being filed merely to corporation has been notified in | • | · | • |
| Lay R. | Ken | 9/27/0 | 5 |
| (Signature of Registered A If signing on behalf of an entity: | · / () | (Dan | 7) 1 |
| (Typed or Brinted 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 * * *