## POSOOD 81693

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## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Spinnaker Renovations, Inc. (Name of Corporation)	on)	
DOCUMENT NUMBER: P05000081693	·	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.	
Please return all correspondence concerning this matter to the fa	ollowing:	
Mike McWilliams (Name of Contact Per	son)	
Spinnaker Renovations, Inc. (Firm/Company)		
502 Wedge Court, SE (Address)		
Palm Bay, FL 32909		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Mike McWilliams at ( 3	21 ) 726-9000 rea Code & Daytime Telephone Number)	
(Name of Contact Person) (A	rea 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

statement of change is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this norganized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of the corporation: Spinnaker Rend	ovations, Inc.
2. The principal office address: 502 Wedge Cou	ırt, SE
Palm Bay, FL	
3. The mailing address (if different):	
4. Date of incorporation/qualification: June 3, 2	005 Document number: P05000081693
5. The name and street address of the current regist Florida Department of State:	tered agent and registered office on file with the
Spinnaker Homes, Inc.	
502 Wedge Court, SE	E B
Palm Bay, FL 32909	
6. The name and street address of the new registers (if changed):	ed agent (if changed) and /or registered office
Mike McWilliams	OR RES
502 Wedge Court, SE	
Palm Bay, FL 32909	сериалие)
The street address of its registered office and the as changed will be identical.	street address of the business office of its registered agent,
Such change was authorized by resolution duly a authorized by the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
(Signature of an officer or director)	Mike McWilliams, President (Printed or typed name and title)
I hereby accept the appointment as registered ag I further agree to comply with the provisions of a of my duties, and I am familiar with and accept th locument is being filed merely to reflect a change corporation has been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
The same	11/50/05
(Signature of Registered Agent)	(Date)
f signing on behalf of an entity:	
Mike McWilliams	
(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 \* \* \*