## Pobulano 27

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PICK-UP WAIT MAIL
(Business Entity Name)
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03/28/18--01010--003 \*\*380.00

2010 PT 2-3 FM F12

C. GOLDEN MAR 2 9 2018

## **COVER LETTER**

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

CR2E045 (03/12)

TO:

Amendment Section

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## 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 Lorida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Flite Resorts At Little Orange Lake, Inc.  2. The principal office address: 14100 N Highway 19 Suite 17  Salt Springs, Fr. 32184
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/27/2005 Document number: P0500009/687
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Skates, Jeffrey  1028 Lake Sumter Landing  The Villages, FL 32162
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
14100 N Hwy 19 Swite A PO Box NOT acceptable  Salt Springs, FL 32134
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 of an office or director  Signature of an office or director  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.
X Televant M Must 24 8 Signature of Registered Agent 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