## P05000092977

(Re	questor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



000181857100

06/11/10--01016--003 \*\*35.00



Ro Change



## **COVER LETTER**

TO:	Amendment Section Division of Corporation	as					
SUBJI	ECT:	SEALAND REA Name of Co					
DOCU	MENT NUMBER:	P050	00092977				
The en	closed Statement of Char	nge of Registered Office	Agent and fee are submi	tted for filing.			
Please	return all correspondenc	e concerning this matter	to the following:				
	-	-	_				
		Gary Ca	puano				
	<del></del>	Name of Con	act Person				
		Firm/Co	npany				
		D O Pa	v 2402				
	<del> </del>	P. O. Bo		<del></del>			
		Ponte Vedra	FI 32004				
		City/State and	Zip Code				
	1.2	goognuono@o	orthlink not				
	E-mail add	gecapuano@e ress: (to be used for fu	ture annual report noti	fication)			
			•	,			
For further information concerning this matter, please call:							
	Gary Cap	uano	at ( 407 )	474-8222			
	Name of Contac		at ( <u>407</u> ) Area Code & Dayti	me Telephone Number			
Enclos	ed is a \$35.00 check mad	le payable to the Departr	nent of State. 4 1009				
	Ameno Division P.O. B	de Address: Iment Section on of Corporations ox 6327 assee, FL 32314	Street Address: Amendment So Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng re Center Circle			

CR2E045 (8/05)

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

7.

statement of cha	inge is submitted for a co	rporation organized	107.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the Stat	<sub>e of</sub> <u>Florida</u>
1. The name of	the corporation: SEAL	AND REALTY		
			nte Vedra, FI 32004	
	poration/qualification:			P05000092977
.5. The name and	–	rent registered agen	t and registered office on fi	
	Gary Capuano	· · · · · · · · · · · · · · · · · · ·		
	530 E Central Blvd	Ste 1601		
	Orlando, Fl 32801			
6. The name and (if changed):	d street address of the ne	w registered agent (i	f changed) and /or registere	ed office E
	Gary Capuano	***************************************		
	827 Tournament F			
	Ponte Vedra, FI 3	P.O. Box NOT acc	ceptable	
<del>-</del>	ess of its registered office be identical.	ce and the street add	dress of the business office	
Such change w authorized by t	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chang	by an officer so e.
Signatu	re of an officer or director	· .	Gary Capua Printed or typed nam	
I hereby accept I further agree of my duties, as document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to refle s been notified in writin	istered agent and a isions of all statute d accept the obliga ct a change in the r g of this change.	gree to act in this capacit s relative to the proper an tion of my position as reg egistered office address, I	y. Id complete performance istered agent. Or, if this hereby confirm that the
Si	gnature of Registered Agent	<del>-</del>	Date	<u></u>
If signing on b	ehalf of an entity:			
	Typed or Printed Name			,

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