P05000099618

(Requestor'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



400077846854

Rocharge Tlewis 07/26/06--01012--008 **35.00



COVER LETTER

SUBJECT: Channel Mark Realty by Common of Corporations

SUBJECT: Channel Mark Realty by Common of Corporation (Name of Corporation) (Name of Corporation) (Name of Corporation) (Name of Corporation) (Name of Contact Person)

Channel Mark Realty, by Company)

2560 Sw 28th Place (Address)

Cape Coral H 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Levelva (Name of Contact Person)

at (339, 357-3599)

(Name of Contact Person)

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 p	rovisions of sections 607.0502, 617.	0502, 607.1508, or 617.1508, Florida	Statutes, this
statement of chan	nge is submitted for a corporation or	ganized under the laws of the State of	Florida
in order	to change its registered office or re	gistered agent, or both, in the State of I	Florida.
1. The name of th	ne corporation: Channel	Mark Realty, In	<i>C</i> .
2. The principal of	office address: 2560 St	N 28th flace"	
	Cape Cova	1 FC 33914	
3. The mailing ad	ldress (if different):	<u> </u>	
J	, , , , , , , , , , , , , , , , , , , ,		
4. Date of incorpo	oration/qualification:	Document number:	19 PROCCO
5. The name and	street address of the current register	ed agent and registered office on file w	ith the
Florida Depart	ment of State:		_
	Mariater	eva	75E
	2560 SW 2	Pth Place	
•	0.0	El 32011	- 競 26 斤
	cape trai	16 000114	一節。是日
6. The name and	street address of the new registered	agent (if changed) and /or registered of	fice PS =
(if changed):			量差を
			2,1
•			
-	(P.O. Box NOT accep	stable)	
	(1.0.10% (101 460)	, motory	
•			
The street address as changed will l	ss of its registered office and the st be identical.	reet address of the business office of	its registered agent,
		opted by its board of directors or by a notified in writing of the change.	
authorized by the	e board, or the corporation has bee	A	
Joe	V pure	Moises tere	IVA
1	e of an officer or director)	(Printed or typed name and	itile)
i nereby accept i I further agree to	the appointment as registered agen o comply with the provisions of all	statutes relative to the proper and co	mplete performance
of my duties, and document is bein	t I am jamiliar with and accept the ig filed merely to reflect a change t	statutes relative to the proper and co obligation of my position as register in the registered office address, I hero inge.	ea ageni. Or, ij inis eby confirm that the
corporation has	been notified in writing of this cha	mge.	
-INU	Willia	1124106	
(Sign	nature of Registered Agent)	(Date)	
If signing on bel	nalf of an entity:		
Maria	Loverra		
(7)	vped or Printed Name)		

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