

PO5000155202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

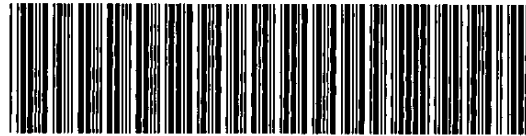
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

RA/RO/CHG
@ 9.20.04



900079247999

09/18/06--01008--012 **35.00

FILED STATE
SECRETARY OF STATE
06 SEP 18 AM 9:19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GOLF VIEW REALTY INC.
(Name of Corporation)

DOCUMENT NUMBER: P05000155202

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:

GERALD PAPPA
(Name of Contact Person)

ERA GOLF VIEW REALTY
(Firm/Company)

8565 W. LINEBAUGH AVE.
(Address)

TAMPA, FL. 33625
(City/State and Zip Code)

For further information concerning this matter, please call:

GERALD PAPPA at (813) 920-5333
(Name of Contact Person) (Area 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

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 FLORIDA
_____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GOLF VIEW REALTY, INC.
2. The principal office address: 8565 W. LINEBAUGH AVE.
TAMPA, FL. 33625
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/23/05 Document number: P05000155202

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

WATKINS, CARL T.
5103 MEMORIAL HWY.
TAMPA, FL. 33634

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

JOHNSON & HOLLOWELL, PLLC - SEAN JOHNSON
24724 STATE ROAD 54, #107
(P.O. Box NOT acceptable)
LUTZ, FL. 33559

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]
(Signature of an officer or director)

GERALD PAPPAS
(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.

[Signature]
(Signature of Registered Agent)

9-14-06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

FILED STATE
SECRETARY OF
06 SEP 18 AM 9:19