Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE SEA FORCE IX OF PALM BEACH, INC.

Certificate of Status	0
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C. LEWIS

MAR 12 2014

**EXAMINER** 

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Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR 14 MAR 11 AM 8:58  Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ALLAHASSEF, FLORIDA in order to change its registered office or registered ovent, or both, in the State of Florida.
Pursuant to the provisions of sections 607,0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ALLARY OF STATE
statement of change is submitted for a corporation organized under the laws of the State of Florida Plotida SEF, FLORIDA
1. The name of the corporation: SEA FORCE IX OF PALM BEACH, INC.
2. The principal office address:
3. The mailing address (if different):
4. Date of incorporation/qualification: 12/20/2005 Document number: P05000165201
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)
HAFT, STUART J., ESQ., ALLEY MASS ROGERS & LINDSAY, P.R.
340 ROYAL POINCIANA WAY STE 321
PALM BEACH, FL 33480
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT exceptable
Plantation, Florida 33324
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.
Ryan Kenigsberg, Secretary
Senature of art officer of 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.
CT Combination System
Selfmature of Registered Agent Assistant Secretary Date
If signing on behalf of an entity:

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

Kristin Bolden, Assistant Secretary

Typed or Printed Name