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. (F	Requestor's Name)		
(/	Address)		
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(0	City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL	
_ (E	Business Entity Name)		
	Document Number)		
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Certified Copies	Certificates of a	Status	
Special Instructions to Filing Officer:			
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AHASSEE, FLORIDA

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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: FAIRWAY MOBILE HOME IN (Name of Cor	rporation)			
DOCUMENT NUMBER: P06000012762				
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter t	o the following:			
MR. MARC BLOUIN (Name of Cont	act Person)			
FAIRWAY MOBILE HOME (Firm/Con	INC ppany)			
891 FAIRWAY DRIVE (Addre	ess)			
POMPANO BEACH, FL 33069 (City/State and Zip Code)				
For further information concerning this matter, please ca	il:			
MR. MARC BLOUIN (Name of Contact Person)	at (954) 786-8141 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check/made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section			
Amendment Section Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301			

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida State ange is submitted for a corporation organized under the laws of the State of Flor er to change its registered office or registered agent, or both, in the State of Flor	orida		
1. The name of	the corporation: FAIRWAY MOBILE HOME INC			
	office address: 891 FAIRWAY DRIVE			
3. The mailing a	address (if different):		<u>. </u>	
4. Date of incorp	poration/qualification: 01/25/2006 Document number: P0600001	12762		
	d street address of the current registered agent and registered office on file with turtment of State:	he		
	LUCILLE BLOUIN			
	891 FAIRWAY DRIVE			
	POMPANO BEACH, FL 33069	TAL SE	07	-
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	CRETAR)	SEP 10	7
	MARC BLOUIN	7 OF	2	
	891 FAIRWAY DRIVE	LOR	و.	
	(P.O. Box NOT acceptable) POMPANO BEACH, FL 33069	N A	· 01	
The street addr	ress of its registered office and the street address of the business office of its r ll be identical.	egistere	d agen	t,
Such change w authorized by t	vas authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so		
Signal	MARCABLOUIN PRINTER OF THE OF THE ARCHARDA INTERIOR OF THE ARCHARD INTERIOR OF THE ARCHARDA INTE)		
I hereby accept I further agree of my duties, an document is be corporation ha	if the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and completed in a familiar with and accept the obligation of my position as registered a cing filed merely to reflect a change in the registered office address, I hereby as been notified in writing of this change.	ete perfe igent. O confirm	orman r, if th that th	ce is ie
A.	Signature of Registered Agent) (Date)	007	<u> </u>	-
If signing on be	pehalf 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
CR2E045 (8/05)