## P07000060581

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	<del>?</del> #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to  Correctly  by Hur  An Ji	doma	rept

Office Use Only



700117809997

02/14/08--01016--001 \*\*35.00

Ro My

SEURETARY OF STATE

## **COVER LETTER**

TO: Amendment Section Division of Corporations	•		
SUBJECT: Resorts Transfer, Inc.			
(Name of Corporation	on)		
DOCUMENT NUMBER: P07000060581	·		
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
Michael K. Frederick			
(Name of Contact Person)			
Resorts Transfer, Inc. (Firm/Company)			
(Finti/Company)			
4705 North Laig Auggus Sto 104			
4725 North Lois Avenue, Ste 104 (Address)			
Tampa, FL 33614			
(City/State and Zip Co	ode)		
For further information concerning this matter, please call:			
Michael K. Frederick at ( 8	13 \ 870-6760		
(Name of Contact Person) at (A	Area Code & Daytime Telephone Number		
•	,		
Enclosed is a \$35.00 check made payable to the Department of	State.		
•	·		
<u>Mailing Address:</u> Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301		
	lananassee, FL 32301		

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

statement of change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Resorts Transfer, Inc.
2. The principal office address: 4725 North Lois Avenue, Suite 104  Tampa, FL 33614
3. The mailing address (if different):
4. Date of incorporation/qualification: 5 (8) 07 Document number: P07000060581
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Michael K. Frederick
1666 Grove St
Clearisater FL 33755
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
Michael K. Frederick
4725 North Lois Ave Stelloy (P.O. Box NOT acceptable)
Tampa, FL 33614
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 of an officer or 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.
2/4/08
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

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