

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CORPDIRECT AGENTS, INC.

Account Number : 11.0450000714 Phone : (850)222-1173 Fax Number : (850)224-1640

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REGISTERED AGENT CHANGE
SARASOTA REALTY ASSOCIATES, INC.

Certificate of Status

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## H10000182791.3 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.
). The name of the corporation: SARASOTA REALTY ASSOCIATES, INC.
2. The principal office address: 1902 S. Tamiami Trail
Venice, FL 34293
3. The mailing address (if different): 230 S. Tamiami Trail, Suite 3
Venice, FL 34285
4. Date of Incorporation/qualification: 03-11-10 Document number: P10000021992
<ol> <li>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)</li> </ol>
Michael Greig
230 S. Tamiami Trail, Suita 3
Venice, FL 34285
Michael Greig  230 S. Tamiami Trail, Suite 3  Venice, FL 34285  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Lori Wellbaum Emery
Lori Wellbaum Emery
686 N. Indiana Avenue  P.O. Box NOT acceptable
Englewood, FL 34223
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.
Signally column officer or director VP ROGER K. GREIG
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 of Registered Agent Date
If signing on behalf of an entity:
Lasi Willbam Grus Typed or Printed Name
* * * PII INC FFF. 635 AA * *

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)