

P110000001913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

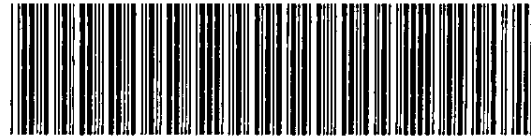
(Business Entity Name)

(Document Number)

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2011 MAY -6 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RA.

TBROWN 5-17-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** oceanic research institute of west florida  
Name of Corporation

**DOCUMENT NUMBER:** P11000001913

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:

Dirk Prigge  
Name of Contact Person

Firm/Company

po box 623  
Address

cortez, fl 34215  
City/State and Zip Code

service@cortezcove.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

dirk prigge at ( 941 ) 7614554  
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: oceanic research institute of west florida, Inc
2. The principal office address: 4522 - 121st ST W  
Cortez, fl 3425
3. The mailing address (if different): po box 623  
Cortez, Fl 34215
4. Date of incorporation/qualification: 01/06/2011 Document number: P11000001913
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)

resigned

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

dirk prigge

4522 - 121st ST W

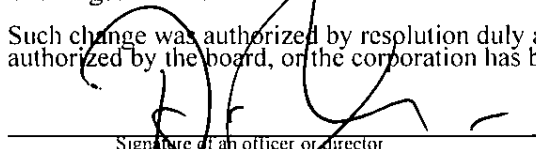
P.O. Box NOT acceptable

Cortez, Fl 34215

**FILED**  
**2011 MAY -6 AM 11:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

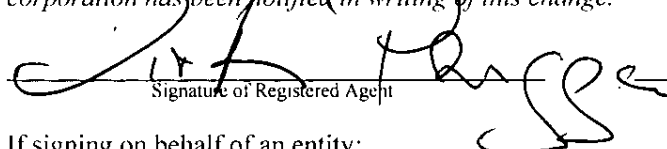
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical

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

Arno Prigge, p  
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 of Registered Agent

04/30/2011  
Date

If signing on behalf 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)