

P12000019643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

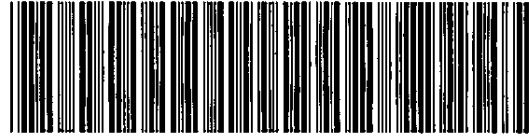
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300263684123

08/29/14--01004--017 **35.00

14 AUG 29 PM 2:32
DIVISION OF CORPORATIONS
STATE OF ALABAMA

C. LEWIS
SEP 5 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARK VIEW RESORT INC.
Name of Corporation

DOCUMENT NUMBER: P 12000019643

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:

BOB NIKOLIC

Name of Contact Person

PARK VIEW RESORT INC.

Firm/Company

5029 MUELLERS LANE

Address

SAFETY HARBOR, FL. 34695

City/State and Zip Code

BOHSTARINC @ YAHOO . COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BOB NIKOLIC

Name of Contact Person

at (727) 712 -0230

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: PARK VIEW RESORT INC
2. The principal office address: 5029 MUELLERS LANE
SAFETY HARBOR, FL. 34695
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: P12000019643

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)

- CURRENT REGISTER AGENT: BOB NIKOLIC
2557 NURSERY ROAD
CLEARWATER, FL. 33764
- CURRENT REGISTERED OFFICE: 5029 MUELLERS LANE
SAFETY HARBOR FL. 34695

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

- NEW/SAME REGISTERED AGENT: BOB NIKOLIC
5029 MUELLERS LANE
SAFETY HARBOR, FL. 34695
- REGISTERED OFFICE: 5029 MUELLERS LANE
SAFETY HARBOR, FL. 34695
P.O. Box NOT acceptable

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.

B. Nikolic

Signature of an officer or director

BOB NIKOLIC

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.

B. Nikolic

Signature of Registered Agent

AUG. 25. 14

Date

If signing on behalf of an entity:

PARK VIEW RESORT INC.

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 (03/12)

14 AUG 29 PM 2:33
DIVISION OF CORPORATIONS
STATE OF FLORIDA