## P93000029212

(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:								
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)							
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)							
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	( Additionary							
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)							
PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status								
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)							
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL							
(Document Number)  Certified Copies Certificates of Status								
Certified Copies Certificates of Status	(Business Entity Name)							
	(Document Number)							
Special Instructions to Filing Officer.	Certified Copies Certificates of Status							
Special Instructions to Filing Officer:								
	Special Instructions to Filing Officer:							
1								

Office Use Only



700077846257

07/24/08--01017--005 \*\*35.00

06 JUL 24 AMII: 21
SLORETARY OF STATE

OBLISTOR

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Siesta Key Reacty, Anc. (Name of Corporation)
DOCUMENT NUMBER:
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:
Karen Thompsins (Name of Contact Person)  Siesta Key Realty, Inc (Firm/Company)  5049 Ocean Blot.
Sucseta, FL 34243  (City/State and Zip Code)  For further information concerning this matter, please call:
(Name of Contact Person) at (941) 587-9339 (Area Code & Daytime Telephone Number)
The standing \$25.00 deads are demanded to the Demantage of State

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 p	provisions of section	rs 607.0502, 617.	0502, 607.IS	508, or	617.1508,	Florida S	tatutes, ti	ris	
-	nge is submitted for	-	-		-		F	<u> </u>	_
in order	r to change its regis	tered office or res	gistered ager	ıt, or be	oth, in the	State of Fi	orida.		
1. The name of the	he corporation:	Sesta	Key	Rea	144,	Inc		• •	
2. The principal of	office address:	5049	Ocea	بر	B1 v	71			
		Swaso	sta it	=4	3424	42			
3. The mailing ac	ddress (if different)								
	Sa	me							
4. Date of incorp	oration/qualificatio	n: <u>1992</u>	Do	cumen	t number:	Pg	3000	<i>٥</i> ڪ	92
5. The name and Florida Depart	street address of th tment of State:	e current registere	ed agent and	register	red office	on file wit	h the		
	Tony	5t. Ja	ohn	81	DWY	1	_		
	Siesta	St. Jo	Rese	4,	Inc		ئىقتى	· O	
	5049	Ocean	BI	A.			LURE III AH	IF 9	<del>-</del> n
6 The name and	street address of th	50/a, F	ラム 3	42 (	42- nd for regi	istered offi	HASA	2	-
(if changed):	street address of th	e new registered (	agent (11 enta	ngou) u	na roi rog.	isicica om	RY	<del></del>	i empire
	Karen		ydins	····			유우	=	
		Same					SET SET	2	
		(P.O. Box NOT acceptable)							
The street addre	ss of its registered be identical.	office and the str	reet address	of the l	ousiness o	office of its	s register	ed age	nt,
•									
authorized by th	s authorized by res	poration has been	n notified in	writing	g of the cl	nange.	Ollion 3	•	
Karen	( Strony	dans	<u> </u>	Kar	en x	1.Tha	mpk:	<u> </u>	
	re of an officer or director			t) :	rinted or typ	ed name and t	ille)		
i nereby accept i I further agree to	ine appointment as o comply with the	provisions of all	i ana agree statutes rela	to act t tive to	n inis cap the prope	pacity. er and com	plete per	forma	nce
document is befr corporation has	the appointment as o comply with the d I am familiar wit ng filed merely to r been notified in w	r una accept the reflect a change i riting of this cha	in the registe nge.	red off	ice addre	ss, Thereb	y confirm	n thát	the
Han	er Shor	rpluis				5.06 ate)			
(Sig	nature of Registered Age				(Da	ate)	•		_
If signing on bel	half of an entity:								
(T)	yped or Printed Name)								

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