## P9300084962

| (Requestor's Name)                      | - <del>"</del> |
|---|----------------|
| (Address)                               |                |
| (Address)                               | i              |
| (City/State/Zip/Phone #)                |                |
| PICK-UP WAIT                            | MAIL           |
| (Business Entity Name)                  |                |
| (Document Number)                       |                |
| Certified Copies Certificates of Sta    | tus            |
| Special Instructions to Filing Officer: |                |
| Office Use Only                         |                |



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C. GOLDEN SEP - 5 2017

## **COVER LETTER**

| Division of Corporations                                     |  |  |
|--|--|--|
| SUBJECT: Mariner Pr  | operties Development, Inc.   |  |
|  | Name of Corporation  |  |
| DOCUMENT NUMBER:   | P93000084962   |  |
| The enclosed Statement of Change                             | of Registered Office/Agent and fee are submitted for filing.           |  |
| Please return all correspondence co                          | ncerning this matter to the following:                                 |  |
| Sheil.   | J. O'Connor  |  |
|  | Name of Contact Person   |  |
| Marin  | <br>er Properties Development, Inc<br>   Firm/Company                  |  |
| 1616   | Sape Coral Pkwy W, Suite 102-261                                       |  |
|  | Address  |  |
| Cape (   | <br>Coral, FL 33914  |  |
|  | Coral, FL 33914 City/State and Zip Code                                |  |
| sheil:   | oconnor@marinerproperties.com  |  |
| E-mail address   | : (to be used for future annual report notification)                   |  |
| For further information concerning this matter, please call: |  |  |
| Sheila O'Connor  | 239 \ 481-2011, ext. 102   |  |
| Name of Contact Pe   | rson at (239 ) 481-2011, ext. 102 Area Code & Daytime Telephone Number |  |
| Enclosed is a \$35.00 check made pa                          | ayable to the Department of State.                                     |  |
|  | Amendment Section f Corporations  Division of Corporations             |  |
| P.O. Box (   | Clifton Building e  FL 32314 2661 Executive Center Circle              |  |
| rananasse  | Tallahassee, FL 32301  |  |

CR2E045 (03/12)

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

| •                                     | s 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 <u>Florida</u>  |  |
| in order to change its regist   | ered office or registered agent, or both, in the State of Florida.   |  |
| 1. The name of the corporation:   | Mariner Properties Development, Inc.   |  |
| 2. The principal office address:  | 1616 Cape Coral Pkwy W., Suite 102-261   |  |
|   | Cape Coral, FL 33914   |  |
| 3. The mailing address (if different):                                      |  |  |
|   |  |  |
| 4. Date of incorporation/qualification                                      | : 12/13/93 Document number: P93000084962   |  |
| 5. The name and street address of the Florida Department of State: (If re   | \frac{1}{2} = \  |  |
|   | Resigned NC. ATTN: LORI L MOORE ESQ  |  |
| R&A AGENTS,   | INC. ATTN: LORI L MOORE ESQ  |  |
| 2320 FIRST S1   | STE 1000 ` ;;  |  |
| FORT MYERS,   | FL 33901   |  |
| <del></del>   |  |  |
|   | new registered agent (if changed) and /or registered office  |  |
| (if changed):   | 10 20 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10   |  |
| Sheila J.   | O'Connor   |  |
| 1616 Cape   | Coral Pkwy, W., Suite 102-261  |  |
|   | P.O. Box NOT acceptable  |  |
| Cape Cora   | al, FL 33914   |  |
| The street address of its registered of as changed will be identical.       | ffice and the street address of the business office of its registered agent,   |  |
| Such change was authorized by reso<br>authorized by the board, or the corp  | lution duly adopted by its board of directors or by an officer so or directors or directors or by an officer so or directors or directo |  |
| Sign CO   | G. Scott Siler, President/Director   |  |
| Signature of an officer or director   | Printed or typed name and title  |  |
| I further agree to comply with the pa<br>performance of my duties, and I am | registered agent and agree to act in this capacity. Povisions of all statutes relative to the proper and complete familiar with and accept the obligation of my position as registered filed merely to reflect a change in the registered office address, I has been notified in writing of this change.   |  |
| Sheil 1 Com   | 8/23/17  |  |
| Signature of Registered Agent   | 0/23/1/<br>Date  |  |
| If signing on behalf of an entity:  |  |  |
| Typed or Printed Name   | - <del>  </del>  |  |
|   | <br>   * * FILING FEE: \$35.00 * * *   |  |

Make checks payable to Florida Department of State
Mail to: Division of Gorporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (03/12)