

P94000040634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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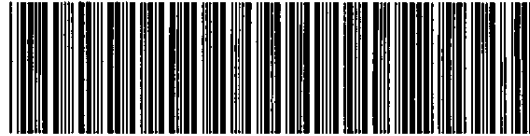
(Business Entity Name)

(Document Number)

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Change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AJR  
10/10/14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** W.M. SAINT CLAIRE INTERESTS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** P94000040634

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:

Cyndia St. Claire, Corporate Secretary

Name of Contact Person

W.M. SAINT CLAIRE INTERESTS, INC.

Firm/Company

P.O. Box 219

Address

Naples, Florida 34106-0219

City/State and Zip Code

cyndia@cyndia.net

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

For further information concerning this matter, please call:

Cyndia St. Claire

Name of Contact Person

at ( 407 ) 310-7160

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: W.M. SAINT CLAIRE INTERESTS, INC.
2. The principal office address: 2289 Arbour Walk Circle # 316, Naples, Florida 34109
3. The mailing address (if different): P.O. Box 219, Naples, Florida 34106-0219

4. Date of incorporation/qualification: May 27, 1994 effective May 23, 1994 Document number: P94000040634

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 William M. St. Claire

1100 Fifth Avenue South, Suite 20

Naples, FL 34102

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

Cyndia St. Claire

2289 Arbour Walk Circle # 316

P.O. Box NOT acceptable

Naples, Florida 34109

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.

Cyndia St. Claire  
Signature of an officer or director

Cyndia St. Claire, Corporate Secretary  
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.*

Cyndia St. Claire  
Signature of Registered Agent

September 24, 2014

Date

If signing on behalf of an entity:

Cyndia St. Claire, Corporate Secretary

Typed or Printed Name

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