P94 0000 40634

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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| Office Use Only | | |

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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 | |
| 121 South Orange Avenue, Suite 1500 | |
| Address | |
| Orlando, Florida 32801 | |
| City/State and Zip Code | |
| email@saintelaireinterests.com | |
| E-mail address: (to be used for future annual report notification) | · |

For further information concerning this matter, please call:

| Cyndia St. Claire | at (⁴⁰⁷) ³¹⁰⁻⁷¹⁶⁰ |
|------------------------|---|
| Name of Contact Person | Area Code & Daytime Telephone Number |

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

1. The name of the corporation: <u>W. M. SAINT CLAIRE INTERESTS, INC.</u>

2. The principal office address: 121 South Orange Avenue. Suite 1500, Orlando, Florida 32801

3. The mailing address (if different): 121 South Orange Avenue, Suite 1500, Orlando, Florida 32801

4. Date of incorporation/qualification: 5/27 effective 5/23/1994 Document number: P94000040634

5. The name and street address of the current registered agent and registered office on tile with the Florida Department of State: (If resigned, enter resigned)

950 North Collier Boulevard, Suite 400

Marco Island, Florida 34145

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

Cyndia St. Claire

Cyndia St. Claire

121 South Orange Avenue, Suite 1500

P.O. Box, NOT acceptable

Orlando, Florida 32801

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

Cyndia St. Claire, Corporate Secretary Printed or typed name and fitte

Date

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

If signing on behalf of an entity:

Cyndia St. Claire, Corporate Secretary

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 (04/13)

December 29, 2021