## P94000068078

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
`	,				
(Doc	ument Number)				
(555					
Certified Conies	Certificates	of Statue			
Certified Copies Certificates of Status					
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SECRETARY OF STATE
ALL AMASSEE FISIALS

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## **COVER LETTER**

SUBJECT: Mariner Sands Realty, Inc.					
(Name of Corporation)					
DOCUMENT NUMBER: P94000068078					
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:					
Kelli Burgess					
(Name of Contact Person)					
Mariner Sands Realty, Inc.					
(Firm/Company)					
6500 SE Mariner Sands Drive					
(Address)					
Stuart, FL 34997					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Kelli Burgess at (772 ) 221-3130 (Name of Contact Person) (Area Code & Daytime Telephone Number)					
(Name of Contact Person) (Alea Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section  Street Address: Amendment Section					
Division of Corporations  Division of Corporations					
P.O. Box 6327 Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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Amendment Section Division of Corporations

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

	e provisions of sections 607.05		•	
,	hange is submitted for a corpoi der to change its registered offi		•	
			-,,	9, 1 10: 10:00
	f the corporation: Mariner San		**************************************	
2. The principa	al office address: 6500 SE Mai		······································	
	Stuart, FL 3	34997		
3. The mailing	address (if different):	<del> </del>	·	
4. Date of inco	orporation/qualification:	Do	cument number: P940	000068078
5. The name an Florida Depa	nd street address of the current artment of State:	registered agent and	registered office on file	with the 8
	Lynne Power			-
	6500 SE Mariner San	ds Drive		SECON AND IN
	Stuart, FL 34997			AHII: I
6. The name an (if changed):	nd street address of the new reg	gistered agent (if char	nged) and /or registered	office
	Bill Ward			
	6500 SE Mariner San	ds Drive		
	(P.O. Box	NOT acceptable)	,	<del></del>
•	Stuart, FL 34997			
The street addr	ress of its registered office an ll be identical.	d the street address	of the business office	of its registered agent,
Such change wanthorized by	vas authorized by resolution of the board or the corporation	duly adopted by its b has been notified in	oard of directors or by writing of the change.	an officer so
Jus (Signal	And bellehan	Kris	ten Callahan (Printed or typed name	President
I hereby accep. I further agree of my duties, as document is be corporation ha	ot the appointment as register to comply with the provision and I am familiar with and acceing filed merely to reflect a c as been notified in writing of t	ed agent and agree is of all statutes rela cept the obligation o change in the registe this change.	to act in this capacity, tive to the proper and f my position as regist red office address, I h	complete performance tered agent. Or, if this ereby confirm that the
-4	uld		2-15-08	
	Signature of Registered Ngent) Sehalf of an entity:		(Date)	
- <del>-</del>	·		•	
(	(Typed or Printed Name)	· 		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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