Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

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: GREEN SCHOENFELD & KYLE LLP

Account Number: I2000000177 Phone

: (941)936-7200

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REGISTERED AGENT CHANGE

CORRAL SOUTH STORE 2, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

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

Pursuant to th	ne provisions of sections 60	07.0502, 617.0502, 60	7.1508, or 617.1508, Fl	orida Statutes,	
the undersigne	ed corporation organized un llowing statement in order	iaer ine iaws of ine sia to chance its registered	d office or registered age	ent, or both, in	
the State of Fl	orida				
1. The name o	f the corporation:	Corral South St	ore 2, Inc.	···	- [:]
					_
2. The mailing	g address of the corporation				_
	t Myers, Florida 3390				
3. Date of inc	corporation/qualification:	3/20/95]	Document number: P95	000022369	<u>. </u>
	and address of the current re				
	David C. B	rown, III		型22 0	
	2665 Oak R	idge Court	· <u> </u>		
	Fort Myers	, Florida 33901	· -	到 6	
5. The name a	and address of the new regis	tered agent (if changed) and/or registered office	(if changed)	S. S
	(P.	O. Box Not Acceptable	e)		
	Bruce D.	Green		ြို့မှ မှု	
	1520 Roy	al Palm Square Bou	llevard, #320	32 07 07	
		rs, Florida 33919		,	
The street add agent, as char	dress of its registered office nged, will be identical.	and the street address	of the business office o	f its registered	
Such change authorized by	was authorized by resolution the board	on duly adopted by its	board of directors or by	an officer so	-
•	Vario	Kom	<u> 8-3</u> △		
(Signatu	re of an officer, chairman or vice ch	airman of the board)	(Date)	· · · · · · · · · · · · · · · · · · ·	
Davi	id C. Brown, III (Printed or typed name and	President Hitle)		-	
Having been corporation, I further agre performance registered ag	named as registered agent I hereby accept the appoin ee to comply with the provic of my duties, and I am fam	and to accept service of timent as registered against of all statutes reliliar with and accept to	of process for the above ent and agree to act in t ative to the proper and c he obligation of my posi	stated his capacity. complete tion as	
registered ug	11) /4		V-322-2	/	
- ICIU	(Signature of Registered Agent)		(Date)		
If signing on be	half of an entity:		·	-	
	(Typed or Printed Name)		(Capacity)		·· ··
	***1	: FILING FEE: \$35.00	* * *		
CDATA44(GIOS)				3	
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