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Requester's Name				
5201 PARK BLVD — PINELLAS PARK, FL 33781 US_		. :*	00 -3390 105-1 008	
City/State/Zip Phone #			68 40343 4200423	THT2 30 T930 120930 A03 120930 A03 120930 A030
	ľ	(Office Use Only	-
ORPORATION NAME(S) & DOCUME	NT NUM	BER(S), (if k	nown):	i i vita
(Corporation Name)	(D	ocument #)	 	-
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☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Photoc		☐ Certified Copy ☐ Certificate of Sta	တ္တည္း
NEW FILINGS Profit Not for Profit Limited Liability Domestication	Resi	ndment gnation of R.A ige of Registe olution/Withd		PM 4: 11 OF STATE E. FLORIDA
OTHER FILINGS			JALIFICATION	0/7/02
Annual Report Fictitious Name	Rein Rein	ited Partnershi statement lemark	SP RAIP	augner 20 Lange -
CR2E031(7/97)			Examiner's Initi	als

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

the undersigned corporation organized under the laws submits the following statement in order to change its	of the State of FLORIDA
the State of Florida. 1. The name of the corporation: APPLE INSURANCE	E MALL OF BOYNTON BEACH, INC.
2. The mailing address of the corporation: 5201 Pc	ARK BLVD, PINELLAS PARK, FL 33781
3. Date of incorporation/qualification: 11/23/55	Document number: 1950000 8 948 9
4. The name and address of the current registered agen	t and office:
PAMELA MCVEIGH	
2519 McMuller Booth Rd	, Ste 508
Clearwater, fl 33761	
5. The name and address of the new registered agent (in (P. O. Box Not A	-
J. PAUL RAYMOND, ESQ Mactarlane tergysor	7 & McMuller
625 COURT STREET, C	learwater, £ 33756
The street address of its registered office and the stree agent, as changed, will be identical.	et address of the business office of its
Such change was authorized by resolution duly adopte authorized by the board.	ستنتم للرصور
Rawak M Modern Decta (Signature of an officer, chairman or vice chairman of the boa	5(29/02 mg 32 E
PAMELA M MCVEIGH W Sec	The state of the s
Having been named as registered agent and to accept corporation, I hereby accept the appointment as regis I further agree to comply with the provisions of all sto performance of my duties, and I am familiar with and registered agent	t service of process for the above stated stered agent and agree to act in this capacity. stutes relative to the proper and complete accept the obligation of my position as
Val land	5/32/47
(Signature of Registered Agent)	(Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
*** FILING FEE	: \$35.00 * * *

CR2E045(9/00)