P97000010023

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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DEC 2 2 2011

EXAMINER

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CT Corporation

1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960

850 222 1092 tel 850 222 7615 fax www.ctcorporation.com

December 21, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 8336804 SO

Customer Reference 1: None Given

Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Picerne Lake Weston Development, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

SUBJECT:	PICERNE LAKE WESTO	N DEVELOPMENT, INC.	
SCHOLECT	Name o	of Corporation	
DOCUMENT N	UMBER:	P97000010023	
		ffice/Agent and fee are submitted for filing.	
Please return all	correspondence concerning this m	atter to the following:	
	Name of	Contact Person	
Firm/Company			
Address			
	City/Stat	te and Zip Code	
	E-mail address: (to be used for	or future annual report notification)	
For further inform	nation concerning this matter, plea	ase call:	
		at () Area Code & Daytime Telephone Number	
Na	ame of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35	.00 check made payable to the De	partment of State.	
	Mailing Address: Amendment Section	Street Address: Amendment Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

. 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: PICERNE LAKE WESTON DEVELOPMENT, INC.
The name of the corporation. 2. The principal office address: 247 NORTH WESTMONTE DRIVE
ALTAMONTE SPRINGS FL 32714
3. The mailing address (if different): 247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714
4. Date of incorporation/qualification: 01/31/1997 Document number: P97000010023
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)
RICHARD J. FILDES
215 N EOLA DRIVE
ORLANDO FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(if changed): C T Corporation System c/o C T Corporation System, 1200 South Pine Island Road P.O. Box NOT acceptable
c/o C T Corporation System, 1200 South Pine Island Road
·
Plantation, Florida 33324
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.
Kristin Bolden, Secretary
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.
By: C T Corporation System 12/15/2011
Signature of Registered Agent Date
If signing on behalf of an entity: James M. Halpin
Assistant-Secretary

* * * 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 (8/05)