

PA7000051159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

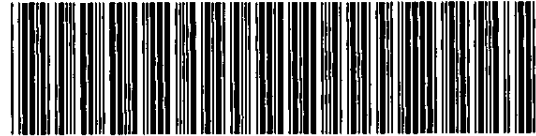
(Business Entity Name)

(Document Number)

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SECTION OF DEPT. OF REVENUE

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① 9/24/12

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sun South Realty of Northwest Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: P97000051159

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:

Michael Goleno

Name of Contact Person

Sun South Realty of Northwest Florida, Inc.

Firm/Company

201-E Miracle Strip Pkwy SE

Address

Fort Walton Beach, FL 32548

City/State and Zip Code

broker@bizbro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Goleno

Name of Contact Person

at (850) 864-2727

Area Code & Daytime Telephone Number

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

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Sun South Realty of Northwest Florida, Inc.
2. The principal office address: 201-E Miracle Strip Pkwy SE
Fort Walton Beach, FL 32548
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/10/97 Document number: P97000051159
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)

Michael Goleno

543 Harbor Blvd Suite 401

Destin, FL 32541

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

Michael Goleno

218 Miracle Strip Pkwy SW, Unit E

P.O. Box NOT acceptable

Fort Walton Beach, FL 32548

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.

Michael Goleno
Signature of an officer or director

Michael Goleno, Director

Printed or typed name and title

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.

Michael Goleno
Signature of Registered Agent

9/18/12

Date

If signing on behalf of an entity:

Michael Goleno

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 (03/12)

12 SEP 24 AM 11:37
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA