P97000056385

5012 Bean Rd.
Address Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 800002499778---7 -04/24/98--01078--003 *****35.00 *****35.00 1. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy ☐ Will wait ☐ Mail out Photocopy Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger APR 2 9 1998 REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Examiner's Initials

CR2E031(1/95)

Other

Florida Department of State, Jim Smith, Secretary of State

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

Florida Statutes, the undersigned co	orporation organized under the laws of the State of g statement in order to change its registered office
or registered agent, or both, in the S	State of Florida.
1a. The name of the corporation is:-	ALLIGATOR POINT ENTERPRISES, INC. 100
	THE THE PERSON OF THE PERSON O
1b. Date of incorporation 6/26/	97 Document number P970000563853
2. The name and address of the c	urrent registered agent and office:
Corporation Services Company	7
1201 Hays Street, Tallahasse	ee, FL 32301
3. The name and address of the ne (P.O. Box Not Acceptal	
Jack M. Clark	
506 Bear Road, Lake Placid	, FL 33852
of its registered agent as changed. Such change was authorized by re an officer so authorized by the boat.	solution duly adopted by its board of directors or by
SIGNAZURE	Typed or printed name and title
DATE	.1
PROCESS FOR THE ABOVE STATIN THIS CERTIFICATE, I HEREBY AGENT AND AGREE TO ACT IN TWITH THE PROVISIONS OF ALLS	TERED AGENT AND TO ACCEPT SERVICE OF TED CORPORATION AT THE PLACE DESIGNATED ACCEPT THE APPOINTMENT AS REGISTERED HIS CAPACITY. I FURTHER AGREE TO COMPLY STATUTES RELATIVE TO THE PROPER AND COMUTIES, AND I AM FAMILIAR WITH AND ACCEPT ON AS REGISTERED AGENT.
P.	SIGNATURE Vall 20 Charl
	DATE 4-21-38 Agent)

Division of Corporations, P.O. Box 6327, Taliahassee, FL 32314

CR2E045 (7-91)

FILING FEE: \$35.00