

Florida Department of State

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

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From:

: GREEN SCHOENFELD & KYLE LLP Account Name

Account Number : I2000000177 Phone : (941)936-7200

Fax Number : (941)936-7997

REGISTERED AGENT CHANGE

CORRAL SOUTH STORE 6, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to	the provisions of sections	507.0502, 617.0502,	607.1508, or 617.1508, Flor	ida Statutes,	
the undersign	ned corporation organized t	inaer ine laws oj ine l r to change its registe	red office or registered agen	t, or both, in	
the State of F		vo situado no espera			
-		Corral South Stor	e 6, Inc.		
	• —	• •			
7 The mailin	g address of the corporation	1. AIOI Evene Av	enne	•	
	rt Myers, Florida 339		<u> </u>	•	
	- "		_Document number: _P9800	00048302	
4. The name	and address of the current r	egistered agent and of	fice:	_	
		Bruce D. Gree	m		
		12800 Univers	ity Drive, Suite 600		
		Fort Myers, F	Torida 33907		
5. The name	and address of the new regi		ed) and/or registered office (i	f changed: 3	
		. O. Box Not Accepta			
	Bruce D.	Green	<u> </u>	· %を 5 :	
	1520 Roy	yal Palm Square B	oulevard, #320	5	
	Fort Mye	ers, Florida 3391	9	:	
The street ad agent, as cha	ldress of its registered officinged, will be identical.	e and the street addre	ss of the business office of i	ts registered	
Such change	was authorized by resoluti	on duly adopted by it	s board of directors or by an	officer so	
addiorized o	/a. 1 C	Sout.	D-35-	0(
(Signat	ure of an officer, chairman or vice of	hairman of the board)	(Date)		
Davis	id C Prove III	President			
	id C. Brown, III (Printed or typed name an			and the second	
Having been corporation, I further agr performance	named as registered agen I hereby accept the appoin ee to comply with the prove of my duties, and I am fan	t and to accept servic atment as registered a isions of all statutes r niliar with and accept	e of process for the above st igent and agree to act in this elative to the proper and co t the obligation of my positio	ated capacity. nplete n as	
registered as	gent.		o7		
/	(Signature of Registered Agent)	<u>-</u>	8 -35-0 (Date)		
If cigning on he	chalf of an entity:		. ,		
rr signing on or	CHILLE OF THE CHILLY.				
	(Typed or Printed Name)	·····	(Capacity)		
* * * FILING FEE: \$35.00 * * *					
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