

## Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name : GREEN SCHOENFELD & KYLE LLP

Account Number : I20000000177 Phone : (941)936-7200 Fax Number : (941)936-7997 OI AUG 31 PM 4: 15

RECEIVED OI NUG 31 PM 2: 52 OI NUG 31 PM 2: 52 MASION OF CORPORAFIGNS

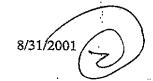
## REGISTERED AGENT CHANGE

CORRAL SOUTH STORE 5, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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RG 31



-H01-000095286-0-

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

Pursuant to t	the provisions of sections 6 ned corporation organized u	507.0502, 617.0502, 60 under the laws of the Stu	07.1508, or 617.1508, ate of Florida	Florida Statutes,
ne unuersign submits the fo	ollowing statement in order	to change its registere	d office or registered	agent, or both, in
the State of F	Iorida.			
1. The name	of the corporation:	Corral South St	ore 5, Inc.	<del> </del>
<u> </u>				
2. The mailin	g address of the corporation	ı: 4101 Evans Aver	nue	
For	rt Myers, Florida 339	01	·	
3. Date of in	corporation/qualification: 5	/29/98 .	Document number: P	98000049233
4. The name	and address of the current re	egistered agent and offi	ce:	
	Bruce D. G	reen		ASS O
		ersity Drive, Suit	te 600	
•				
5. The name:	and address of the new regis	, Florida 33907 stered agent (if change)	n and/or registered off	ice(if changed):
J. 1110 1141.10		. O. Box Not Acceptabl		2 2
	Bruce D.	Green		5º F 9
		al Palm Square Bo	ulevard, #320	<b>記る</b>
		ers, Florida 33919		
The street ad	ldress of its registered officinged, will be identical.	e and the street address	s of the business office	e of its registered
	was authorized by resoluti			
	Mein (	'bon	_ 8-3	D-0(
(Signati	ure of an officer, chairman or vice c	hairman of the board)	(Date	s)
Daŵ	id C. Brown, III (Printed or typed name and	President	<del></del> .	
Having been corporation, I fürther agr performance registered ag	named as registered agent I hereby accept the appoin ee to comply with the provice of my duties, and I am fame agent.	t and to accept service stment as registered ag sions of all statutes rel siliar with and accept t	of process for the abo ent and agree to act in ative to the proper an he obligation of my po	ve stated 1 this capacity. d complete osition as
	Mus dem		8-30-	٥(
	(Signature of Registered Agent)		(Date)	
If signing on be	chalf of an entity:			
	(Typed or Printed Name)		(Capacity)	· · · · · · · · · · · · · · · · · · ·
	***	FILING FEE: \$35.00	* * *	
CR2E045(9/00)				
• •	DIVISION OF CORPORATIONS	P.O. Box 6327	Tallahassee, FL 323	14

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