P98000056640

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COVER LETTER

TO:	Amendment Section Division of Corporations							
CHEL	ECT: INFANT SWIMMING RE	SEARCH OF SARAS	OTA COUNTY, IN	C.				
3000	EC1	(Name of corpo	ration)	····				
DOCI	JMENT NUMBER:	P980000566	40					
The er	closed Statement of Change of	Registered Office/Ag	ent and fee are sub	omitted for filing.				
Please	return all correspondence conce	erning this matter to t	he following:					
Lana W. Appell								
(Name of contact person)								
Infant Swimming Research of Sarasota, Inc.								
(Firm/Company)								
	2571 Flower Road							
(Address)								
			200					
	Venice, FL 34293 (City/state and zip code)							
F 6	ul if	•	p 00 00)					
FOF IU	ther information concerning thi	s matter, please can:						
	Lana W. Appell	a	(941)_49	93-3625 sytime telephone number)				
	(Name of contact person	on)	(Area code & da	ytime telephone number)				
Enclos	ed is a \$35.00 check made paya	ble to the Departmen	t of State.					
	Mailing Add Amendment S Division of Co P.O. Box 632 Tallahassee, F	orporations 7	Street Addr Amendment Division of C 409 E. Gaine Tallahassee,	Section Corporations is Street				

TO:

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

in order to change its reg	isierea ojjice or regisi	erea ageni, or voin, in i	ne state of Fiortaa.		
1. The name of the corporation:	Infant Swimming Research of Sarasota County, Inc.				
2. The principal office address:	2571 Flower	Road, Venice, FL 342	293		
3. The mailing address (if different	r):				
. Date of incorporation/qualificati	on: 6/23/1998	Document number	er:P98000056640		
i. The name and street address of t Florida Department of State:	he current registered a	gent and registered offi	ce on file with the		
	CHARLES D. HINE	ES, ESQ.			
	1001 AVENIDA DE	EL CIRCO			
	VENICE, FLORIDA	34285			
The name and street address of t (if changed):	he new registered age	nt (if changed) and /or r	egistered office		
	LANA W. APF	ELL			
	2571 FLOWER	ROAD			
	(P.O. Box NOT acceptable)	•		
	VENICE, FL	34293	 		
The street address of its registered s changed will be identical.	d office and the street	address of the busines	s office of its registered agen		
Such change was authorized by result or the court of the					
Signature of an officer or direct	lppu	Lana W. App	pell, Director typed name and title)		
hereby accept the appointment of further agree to comply with the of my duties, and I am familiar w locument is being filed merely to orporation has been notified in v	ns registered agent an provisions of all stat ith and accept the obl reflect a change in th writing of this change	nd agree to act in this c utes relative to the pro igation of my position te registered office add	capacity, oper and complete performan as registered agent. Or, if th lress, I hereby confirm that th		
Jana app	en)	x %1/04	(Date)		
f signing on behalf of an entity:	City		(July)		
(Typed or Printed Name)					

* * * FILING FEE: \$35.00 * * *