P9800062583

(Re	questor's Name)	
•		
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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RECEIVED

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DEFAULTMENT OF STATE

DIVISION OF CORPORATIONS

DIVISION OF CORPORATIONS

SECRETARY OF STATE ALLAHASSEE, FLORID

B. B.V.



CT Corporation

1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctcorporation.com

December 21, 2011

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 8336804 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Picerne Willow Key Development, Inc. (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

TO:	Amendment Division of C	Section Corporations			
SUBJ	IECT:	PICERNE WILLOW KEY DE	VELOPMENT, INC.		
D D		Name of Co	orporation		
DOC	UMENT NUM	BER:P98	000062583		
The e	nclosed Statemo	ent of Change of Registered Office	/Agent and fee are submitted for filing.		
Please	e return all corre	espondence concerning this matter	to the following:		
	_	Name of Con	tact Person		
	_	8 7 10			
		Firm/Co	mpany		
	_	Addr	ess		
	_	City/State an	d Zip Code		
Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					
For fu	orther information	on concerning this matter, please co	all:		
		CC	at () Area Code & Daytime Telephone Number		
	Name	of Contact Person	Area Code & Daytime Telephone Number		
Enclo	sed is a \$35.00	check made payable to the Departr	ment 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

CR2E045 (8/05)

TO:

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

statement of cha	nge is submitted for a corp	poration organize	607.1508, or 617.1508, Florid ed under the laws of the State o ed agent, or both, in the State o	f Florida	
	the corporation: PICERNE			<i>y 1 107 iuu.</i>	
2. The principal	office address: 247 NORT E SPRINGS FL 32714	H WESTMONTE	DRIVE		
	ddress (if different): 247 N NTE SPRINGS FL 32714	ORTH WESTMO	ONTE DRIVE		
4. Date of incor	ooration/qualification:	07/15/1998	Document number:	P98000062583	
5. The name and		ent registered age	nt and registered office on file	with the	
	RICHARD J. FILDES				
	215 N EOLA DRIVE				
	ORLANDO FL 32801			**************************************	
6. The name and (if changed):	I street address of the new	registered agent ((if changed) and /or registered	± □ (-)	
	C T Corporation System			22 488 488 1	
	c/o C T Corporation System				
	Diametrian Florida 22224	P.O. Box NOT a	cceptable		
The street addre	Plantation, Florida 33324 ess of its registered office	and the street ad	ddress of the business office o	of its registered agent,	
authorized by the	ie board, or the corporation	on has been notif	by its board of directors or by fied in writing of the change.	an officer so	
+W	8 Boles		Kristin Bolden, Se		
-	the appointment as regist to comply with the provist d I am familiar with and ng filed merely to reflect s been notified in writing o	tered agent and a ions of all statute accept the oblige a change in the i of this change.	agree to act in this capacity, es relative to the proper and cation of my position as registeregistered office address, I he		
	TCprporation System 12/15/2011				
•	Mure of Registered Agent	 .	Date		
If signing on be	half of an entity: SS M. Halpin				
Assi	tant-Secretary				

* * * 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 (8/05)