P9800065870

(Re	equestor's Name)	
(Ac	idress)	
(Ad	ldress)	
	ty/State/Zip/Phone	- 40
(Cn	iy/State/Zip/Phone	9 #)
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
(- 	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		<u> </u>
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09/21/05--01025--001 **35.00

US SEP 21 AM IO: 52

1/5 9/27/05

COVER LETTER

Division of C		
SUBJECT: Cha	allenge Properties II, In	
DOCUMENT NUMI	BER: #P98000065870	
The enclosed Stateme	nt of Change of Registered Office	Agent and fee are submitted for filing.
Please return all corre	spondence concerning this matter	to the following:
	Charles Knowles	
_	(Name of Con	itact Person)
	Ohallana Duanatia	11. la a
	Challenge Properties (Firm/Co	mpany)
	•	
	P.O. Box 5668	
-,	(Addr	ess)
	Sarasota, FL 34277 (City/State and	d Zin Code)
For further information	n concerning this matter, please ca	•
roi further informatio	ir concerning this matter, prease ca	dii.
Charles Knowles		at (941) 349-6400 (Area Code & Daytime Telephone Number)
(Name	of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 c	heck made payable to the Departr	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

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

-			72, 607.1508, or 617.12 vized under the laws of		
			ered agent, or both, in		
1. The name of t	he corporation:	Chailenge Prop	erties II, Inc.	2	85
2. The principal	office address:	4034 Roberts F	Point Rd.		10 3
		Sarasota, FL	34242		
3. The mailing a	The mailing address (if different): P.O. Box 5668			The state of	
 		Sarasota, FL	34277		12 C
4. Date of incorp	oration/qualification	on: <u>7-27-98</u>	Document numb	er: P980000658	370 岩点
	street address of the	ne current registered a	gent and registered off	ice on file with the	7
	Chartes	Knowles 0/0Dav	vid Band	·····	
	240 S. F	Pineapple Ave			
	Sarasota	a, FL 34236			
6. The name and (if changed):	street address of th	ne new registered age	nt (if changed) and /or i	registered office	
	Charles	Knowles			
	4034 Ro	berts Point Ro	l .		
		(P.O. Box NOT acceptable)	·	
	Sarasota	a, FL 34242			
The street addre as changed will	ss of its registered be identical.	office and the street	address of the busines	ss office of its regis	stered agent,
Such change wa authorized by th	s authorized by re- e board, or the cor	solution duly adopte poration has been no	d by its board of direct otified in writing of the	tors or by an office change.	er so
(Signatur	re of an officer or directo	jeven	Charles Know	les, President	
l hereby accept i I further agree to of my duties, and document is beir corporation has	the appointment a o comply with the I am familiar wit ig filed merely to i been notified in w	s registered agent an provisions of all stai h and accept the obl reflect a change in th riting of juts change	nd agree to act in this o utes relative to the pro igation of my position e registered office add	capacity oper and complete as registered ager dress, I hereby con	performance it. Or, if this firm that the
(Sign	nature of Registered Age	n)	9-	-/9-05	
If signing on beh	•			\/	
Challenge F	Properties II, II	nc.			
(T ₂	yped or Printed Name)				
		* * * FILING FI	EE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314