

P9800088453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

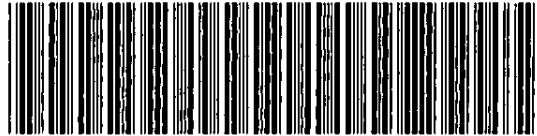
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

12-19-08



400139045664

12/17/08--01029--017 \*\*140.00

FILED

2008 DEC 17 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RN Chang  
J

# CARLTON FIELDS

ATTORNEYS AT LAW

ATLANTA  
MIAMI  
ORLANDO  
ST. PETERSBURG  
TALLAHASSEE  
TAMPA  
WEST PALM BEACH

Joel B. Giles  
727.824.0013 direct  
jgiles@carltonfields.com

One Progress Plaza  
200 Central Avenue, Suite 2300  
St. Petersburg, Florida 33701-4352  
P.O. Box 2861  
St. Petersburg, Florida 33731-2861

727.821.7000  
727.822.3768 fax  
www.carltonfields.com

December 15, 2008

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**VIA FEDEX**

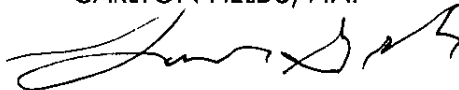
Re: STP REDEVELOPMENT, INC. (P98000088453)  
STP REDEVELOPMENT II, INC. (P02000085438)  
STP REDEVELOPMENT, LTD. (A98000002439)  
STP REDEVELOPMENT II, LTD. (A02000001075)

Dear Sir or Madam:

Here are Statements of Change of Registered Office and/or Registered Agent for the subject companies and a check in the amount of \$140.00 payable to the Florida Department of State representing the filing fees for the enclosed four (4) Statements. Please call me if you have any questions.

Sincerely,

CARLTON FIELDS, P.A.



JOEL B. GILES

JBG:jl

Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** STP REDEVELOPMENT, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** P98000088453

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joel B. Giles  
(Name of Contact Person)

Carlton Fields, P.A.  
(Firm/Company)

200 Central Avenue, Suite 2300  
(Address)

St. Petersburg, Florida 33701-4352  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joel B. Giles at ( 727 ) 821-7000  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department 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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: STP REDEVELOPMENT, INC.
2. The principal office address: 2325 Ulmerton Road, Suite 20, Clearwater, Florida 33762
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/16/1998 Document number: P98000088453
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

GREGORY S. SEMBLER

5858 CENTRAL AVENUE

ST. PETERSBURG FL 33707 U.S.

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CFRA, LLC

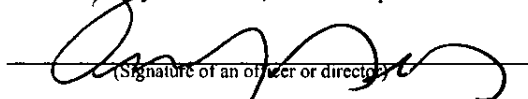
Corporate Center Three at International Plaza

(P.O. Box NOT acceptable)

4221 W. Boy Scout Boulevard, Suite 1000, Tampa, Florida 33607-5736

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

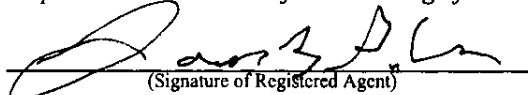
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Fred B. Bullard, Jr., President

(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

12/15/2008

(Date)

If signing on behalf of an entity:

Joel B. Giles

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

**FILED**  
2008 DEC 17 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA