PGS MOD 149 Representation of the Original





P.O. BOX 160 FT. MYERS, FL 33902-0160 70003461977---5 -11/13/00--01136--020 ******35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

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(Corporation Name)		Vame)	(Document #	F)	00 NOV 13 SECRETAR' FALLAHASS		<u>:</u>
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	Profit Not for Profit Limited Liability Domestication Other			of R.A., Officer/	Director		
<u>OT</u>	HER FILINGS		<u>REGISTRATIO</u>	N/QUALIFICA	ATION		•
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				Exami	ner's Initials	2726	000
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

submits the following statement in order to change in the State of Florida.	
1. The name of the corporation is: <u>CALOOSA BLEU</u> ,	TNC
2. The mailing address of the corporation is: 2577 F	irst Street, Fort Myers, Florida 33901 or
P.O. Box 160 Fort Myers, Florida 33902	
3. Date of incorporation/qualification: October 23,	
4. The name and address of the current registered ager	
Corporation Service Company	
1201 Hays Street	
Tallahassee, Florida 32301 5. The name and address of the new registered agent a	nd office: (P. O. Box Not Acceptable)
Carlamae Anderson	maring address
2506 Second Street 2577	First St. /PoBox 160
Ft. Myers, FL 33901	First St. / Po Box 160 Ft. Myers, Fl 33902
The street address of its registered office and the street agent, as changed, will be identical.	et address of the business office of its registered
Such change was authorized by resolution duly adopt authorized by the board. Carlance A Quelcus (Signature of an officer, chairman or vice chairman of the board)	ed by its board of directors or by an officer so
CARLAMAE D. Anderson, 1 (Printed or typed name and title)	Resident
Having been named as registered agent and to accept corporation, I hereby accept the appointment as regis I further agree to comply with the provisions of all staperformance of my duties, and I am familiar with and registered agent.	service of process for the above stated tered agent and agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as
(Signature of Registered Agent)	nov. 9, 2000
If signing on behalf of an entity:	(Date)
(Typed or Printed Name)	(Capacity)

CR2E045(7/97)