

P99000006026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

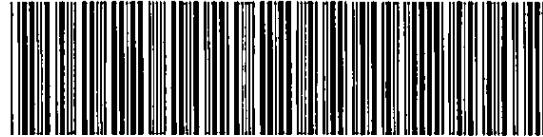
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. MONROE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2017

JAMES S. CAMPBELL
BYRD CAMPBELL, P.A.
180 PARK AVENUE NORTH, SUITE 2A
WINTER PARK, FL 32789

SUBJECT: PORTOFINO MANAGEMENT COMPANY, INC.
Ref. Number: P99000006026

We have received your document for PORTOFINO MANAGEMENT COMPANY, INC. and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair
Regulatory Specialist II

Letter Number: 517A00018388

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Portofino Management Company, Inc.
Name of Corporation

DOCUMENT NUMBER: P99000006026

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:

James S. Campbell

Name of Contact Person

Byrd Campbell, P.A.

Firm/Company

180 Park Avenue North, Suite 2A

Address

Winter Park, FL 32789

City/State and Zip Code

jcampbell@byrdcampbell.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James S. Campbell

Name of Contact Person

at (850) 308-7440

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

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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: Portofino Management Company, Inc.
2. The principal office address: Ten Portofino Drive, 2nd Floor, Pensacola Beach, FL 32561

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/21/1999 Document number: P99000006026

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

James S. Campbell / Beggs & Lane, RLLP

501 Commendancia Street

Pensacola, FL 32502

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

James S. Campbell / Byrd Campbell, P.A.

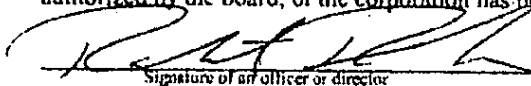
180 Park Avenue North, Suite 2A

P.O. Box NOT acceptable

Winter Park, FL 32789


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

Robert Rinke
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

9/29/17
Date

If signing on behalf of an entity:

James S. Campbell

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
CR2E045 (03/12)

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