Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Walk in Pick up time Photocopy Certificate of Status ☐ Mail out Will wait NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION/ OTHER FILINGS **QUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark R.A. Charge 10/12/98

Examiner's Initials

Other

CR2E031(1/95)

-1 × 4 4

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

undersigned corporation organized under the laws of the State of
State of Florida.
1. The name of the corporation is: Sirena Chartes of Panana City The
2. The mailing address of the corporation is: 167 Grand Layon Shores Dr.
Youana City Bel, Fl.
3. Date of incorporation/qualification:
4. The name and address of the current registered agent and office:
Resigned
ALLOS S
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
167 Grand Layoun Shores A.
Parana City Bel. F1.32408
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.
9-22-98
(Signature of an officer, chairman or vice chairman of the board) (Date)
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(7/97)