V22458

(Requestor's Name)						
(Address)						
C (((((((((((((((((((
(Address)						
(City/State/Zip/Phone #)						
(Only Called 2, pr. 110110 117						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DELWOOD DEVELOPMENT CORP., INC. (Name of Corporation)
DOCUMENT NUMBER: $\sqrt{22458}$
The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
GEORGE M. EDWARDS (Name of Person)
DELWOOD DEVELOPMENT CORP., INC. (Name of Firm/Company)
3111 DELWOOD BEACH ROAD (Address)
PANAMA CITY, FLORIDA 32408 (City/State and Zip Code)
For further information concerning this matter, please call:
GEORGE M. EDWARDS at (850) 234-7111 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

CR2E046(11/02)

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: DELWOOD DEVELOPMENT CORP. INC.							
(Name of corporation)							
DOCUMENT NUMBER: V22458							
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:							
GEORGE M. EDWARDS (Name of contact person)							
DELWOOD DEVELOPMENT CORP., INC (Firm/Company)							
3111 DELWOOD BEACH ROAD (Address)							
PANAMA CITY FLORIDA 32408 (City/state and zip code)							
For further information concerning this matter, please call:							
CEORGE M. EDWARDS at (850) 234-7111 (Name of contact person) (Area code & daytime telephone number)							
(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 409 E. Gaines Street Tallahassee, FL 32399							

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

-	-	s 607.0502, 617.0502, (a corporation organize			
		ered office or registered			
1. The name of the	corporation:	DELWOOD DEV	ELOPMENT	CORP., INC	
2. The principal off	fice address:	509 ANASTASI	A BLVD.		
	<u>.</u>	ST. AUGUSTIN	NE, FLORID	A 32080	
3. The mailing add	ress (if different):_	V-22-458			
4. Date of incorpora	ation/qualification	:_3/18/97	Document num	nber: V22458	
	reet address of the	current registered agen			
	ROBERT	HAHNEMANN			录纸 另
_	509 ANAST	rasia BLVD.			题青卫
		STINE, FLORIDA			靈二品
6. The name and str (if changed):		new registered agent (i	f changed) and /o	r registered office	M 9 02
<u></u>		M. EDWARDS	240		194
		VOOD BEACH RO			
		CITY, FLORIDA	32408		
		 			
The street address on the changed will be	of its registered of identical.	ffice and the street add	ress of the busin	ess office of its re	egistered agent,
Such change was a authorized by the b	utherized by reso pard, or the corpo	lution duly adopted by oration has been notific	its board of dire	ectors or by an of he change.	ficer so
A San Allina of	an oldcer or director)		(Finacu	or typed name and une;	
I hereby accept the I further agree to ex of my duties, and I document is baing f corporation has be	appointment as romply with the proam familiar with filed merely to resen notified in writers.	registered agent and a vovisions of all statutes and accept the obligat flect a change in the re ting of this change.	gree to act in this relative to the pion of my position gistered office a	s capacity. roper and complon as registered a ddress, I hereby t	ete performance gent. Or, if this confirm that the
(Signahy	re of Registered Agent)		out 1	5 ZOO4	
ے) 1f signing on behalf				·	
(Type)	or Printed Name)	·-			

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