DOCUMENT # 1. Entity Name

MYRTLE SLOUGH CANAL MANAGEMENT CORPORATION

V31586

Principal Place of Business

Mailing Address

ROUTE 2. BOX 1210 CLEWISTON FL 33440 **ROUTE 2. BOX 1210 CLEWISTON FL 33440**

2. Principal Place of Business 3550 with Road 3. Malling Address 3550 with Road 3. State 4. FEI Number 65-0402845 Applied For Not Applicable City & State Country Count								
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE			3. Mailing Address ASSO Wit-	t Road	1 (53); 511608 (1)61 (168) 61(6)			
Clewiston, FL Cl					DO NOT WRIT	E IN THIS SPACE		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent South, CAREY RT 2 BOX 1210 SUITE 3200 CLEWISTON FL 33440 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. SIGNATURE Signature, typed or primed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when renatating) DATE 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPC Delete TITLE DT Delete TITLE DC Change Addition	Cle w			FL	4. FEI Number 65-0402845	No	t Applicable	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE: Y

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition