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Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Certificate of FICTITIOUS NAME FICTITIOUS NAME SEARCH
Annual Report Fictitious Name Name Reservation Ordered By:	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	RECEIVED 98 SEP 23 PM2: 40 DIVISION OF CORPORATION
Date:		10 April 98

Florida Department of State, Sandra B. Mortham, Secretary of State

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

Pursuant to the provisions of sections 607.0302, 61 undersigned corporation organized under the laws of the	the State of Florida Statues, the
submits the following statement in order to change its r	
State of Florida.	
1. The name of the corporation is: Seacoast Re	alty Corporation
2. The mailing address of the corporation is: 1795	3 San Carlos Blvd.
Fort	Myers Beach, Florida 33931
3. Date of incorporation/qualification: September 2 4. The name and address of the current registered agent	
Steven Domin	
17953 San Ca	rlos Blvd.
Fort Myers B	each, Florida 33931
5. The name and address of the new registered agent an	id office:(P.O. Box Not Acceptable) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Michael Cici	
16061 Siesta D	rive Sm 5
Fort Myers, F	1orida 33908
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	I by its board of directors or by an officer so
authorized by the board	by its board of directors of by all officer so
authorized by the total ()	
	September 17, 1998
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Steven Dominic,	President
	ed 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 an	id agree to act in this capacity. I further agree to
comply with the provisions of all statutes relative to the	
and I am familiar with and accept the obligation of my	position as registerea agent.
(Mullial Can	September 17, 1998
(Signature of Registered Agent)	(Date)
Michael Cici	n/a
(Typed or Printed Name)	(Capacity)

CR2E045(1/95)

FILING FEE: \$35.00