729747

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: ROSanna gave Permission to Coevert ZIA Name to match name on our recording T/15/103

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ECRETARY EFFLORIDA

ZIA Change

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Five Towns of 5th Peters (Name of corporation)	burg No. 305 Inc.
DOCUMENT NUMBER: 7-29747	· .
The enclosed Statement of Change of Registered Office/Agent and fee a	re submitted for filing.
Please return all correspondence concerning this matter to the following	:
Debra Reinhards (Name of person)	The second se
Resource Property Moragement	ent
7300 Park Street	en de la companya de La companya de la co
Seminale FL 33777 (City/state and zip code)	
For further information concerning this matter, please call:	
Dobra Reinhardt at (727) 581- (Name of person) (Area code & daytime to	-2-662 elephone number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399	

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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
in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: 17ve 10wns of Stilleresburg, No. 305
2. The principal office address: 5603 80 th St. N. Apt 401
Stretens burg FL 33709
3. The mailing address (if different): 5/4/ 540 Ave Non On
5tretensburg FL 53709
4. Date of incorporation/qualification: 1992 Document number: 729747
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Foley, Scan M
8141 540 Avenue Month
St Petersburg FL 33709
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): Bassiere Magaziniantilia.
2200 De 6 5 5
(P.O. Sox or personal mailbox NOT acceptable)
Seminole P2 33777
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, chairman of vice chairman of the board) (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)
If signing on behalf of an entity:
Typed or Printed Name)
*** FILING FEE: \$35.00 ***
Make checks payable to Florida Department of State and Mail to: