

739445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

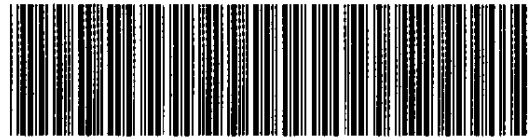
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUL -6 AM 8:34

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 17, 2010

RANDY C. MOODY  
RCM PROPERTU MANAGEMENT INC.  
6157 31 ST AVENUE NORTH  
ST PETERSBURG, FL 33710

SUBJECT: TERRACE PARK OF FIVE TOWNS, NO. 10, INC.  
Ref. Number: 739445

We have received your document for TERRACE PARK OF FIVE TOWNS, NO. 10, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please complete block #4.

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 710A00014950

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TERRACE PARK OF FIVE TOWNS, #10  
Name of Corporation

**DOCUMENT NUMBER:** 739 445

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:

RANDY C. MOODY  
Name of Contact Person

RCM PROPERTY MANAGEMENT, INC.  
Firm/Company

6157 31ST AVENUE NORTH,  
Address

ST. PETERSBURG, FL 33710  
City/State and Zip Code

RMOODY (A) TAMPA BAY. RR. COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDY C. MOODY at (727) 515-4652  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: TERRACE PARK OF FIVE TOWNS, NO. 10, INC.
- 2. The principal office address: 5925/5967 TERRACE PARK DRIVE NORTH  
ST. PETERSBURG, FL 33709
- 3. The mailing address (if different): N/A
- 4. Date of incorporation/qualification: 06/22/1977 Document number: 739445
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

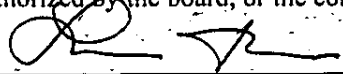
RESOURCE PROPERTY MGMT  
7300 PARK STREET  
SEMINOLE, FL 33777

DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA  
 10 JUL -6 AM 8:34  
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- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- RCM PROPERTY MGMT, INC.  
6157 31ST AVENUE NORTH  
P.O. Box NOT acceptable  
ST. PETERSBURG, FL 33710

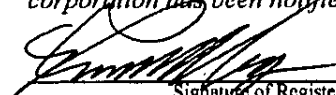
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 or director

LORRAINE THOMAS President  
 \_\_\_\_\_  
 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

05-21-2010  
 \_\_\_\_\_  
 Date

If signing on behalf of an entity:

RANDY C. WOODS OWNER / RCM PROP. MGMT. INC.  
 \_\_\_\_\_  
 Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314