

747521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

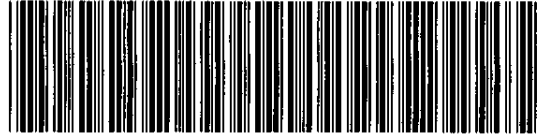
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R.A. change

TB 12-1-08

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BUTTONWOOD HOME OWNERS' ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: 747521

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:

LAVERNE BERES, PRESIDENT
(Name of Contact Person)

BUTTONWOOD HOME OWNERS' ASSOCIATION, INC.
(Firm/Company)

3370 SHADOW WOOD DRIVE
(Address)

GREENBERES FL 33463
(City/State and Zip Code)

For further information concerning this matter, please call:

LAVERNE BERES at (561) 968-7555
(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: THE BUTTWOOD HOME OWNERS' ASSOCIATION, INC.

2. The principal office address: 3370 SHADOW WOOD DRIVE GREENACREE FL 33463

3. The mailing address (if different):

4. Date of incorporation/qualification: 6-5-79 Document number: 747521

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)

ST. JOHN, CORE, LEMME P.A. 1601 FORUM PLACE, STE 701 WEST PALM BEACH FL 33401

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DICKER, KRIVOK + STOLOFF, P.A. 1818 AUSTRALIAN AVENUE SOUTH STE 400 WEST PALM BEACH FL 33409

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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.

x [Signature] President (Signature of an officer or director)

LAVERNE BERES, 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.

y [Signature] EDWARD DICKER (Signature of Registered Agent)

11/14/08 (Date)

If signing on behalf of an entity:

alkfjsaldkfi (Typed or Printed Name)

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