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S. YOUNG

18 MAY -2 PH 3:50

COVER LETTER

TO: Amendment Section Division of Corporations

The Meadows South Association, Inc.

Name of Corporation

DOCUMENT NUMBER: 766537

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:

Russell Klemm, Esq.

Name of Contact Person

Clayton & McCulloh

Firm/Company

1065 Maitland Center Commons Blvd

Address

Maitland, FL 32751

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diana Toepfer

,321 \ 368-788

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

statement of cha	provisions of sections 607.0502, 617 nge is submitted for a corporation of r to change its registered office or re	rganized under the	laws of the State of Flor	ida
	the corporation: The Meadows office address: PO Box 5635,			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 01/13/198	B3 Docume	nt number: <u>766537</u>	
	I street address of the current register tment of State: (If resigned, enter res		ered office on file with t	he
	Clayton & McCulloh, P.A			
	1317 Cheney Hwy, Unit E	3		
	Titusville, FL 32780		The contract of the contract o	公布 美州
6. The name and (if changed):	street address of the new registered			TILES
	Clayton & McCulloh, Attn	: Russell Kre	mm, Esq.	3: 50
	1065 Maitland Center Co			SS SS
	Maitland, FL 32751	NOT acceptable		
The street addre as changed will	ss of its registered office and the str be identical.	reet address of the	business office of its rep	gistered agent.
Such change wa authorized by th	s authorized by resolution duly adore board, or the corporation has been	pted by its board on notified in writin	f directors or by an office g of the change.	cer so
Signatur	to of an officer or director		epfer, President	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered agent o comply with the provisions of all , my duties, and I am familiar with ai s document is being filed merely to that the corporation has been notific	t and agree to act i statutes relative to nd accept the oblig reflect a change in	in this capacity. the proper and complet ation of my position as the registered office as	revistered
Sigr	nature of Registered Agent		Date	
If signing on bel	nalf of an entity;			
Ty	ped or Printed Name			

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

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