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2180 W State R Longwood FL 3	Geme oad 434 Ste 50		
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL MAIL	
(Bu	siness Entity Nan	ne)	
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(Do	cument Number)		
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Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE

FILEU

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 Statute statement of change is submitted for a corporation organized under the laws of the State of FLO in order to change its registered office or registered agent, or both, in the State of Florida	RIDA
The name of the corporation: SUSSEX PLACE HOME OWNERS ASSOCIATION, INC.	
2. The principal office address: 2180 W SR 434 STE 5000	
LONGWOOD FL 32779-5044	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 08/24/1983 Document number: 769971	
The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
REYES, MARIA L	
1053 SOPHIE BLVD	SECRETARY
ORLANDO FL 32828	PH 23 Y OF ST SEE, FLC
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	STATE LORIO
JAMES W HART JR	P
2180 W SR 434 STE 5000	
(P.O. Box NOT acceptable) LONGWOOD FL 32779-5044	
The street address of its registered office and the street address of the business office of its registered will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so
(Signatures an other or director) Downings Fache Co. (Signatures an other or director)	-14-Bod8
I hereby accept the uppointment 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 of my duties, and I am familiar with and accept the obligation of my position as registered agendocument is being filed merely to reflect a change in the registered office address. I hereby concorporation has been notified in writing of this change.	performance nt. Or, if this ifirm that the
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
JAMES W HART JR (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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