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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mfendle@deanmead.com

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REGISTERED AGENT CHANGE
NORTH PARK COMMERCE CENTER OWNERS' ASSOCIATION, INC.

Certificate of Status	0
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OCT 24 2014
T. CARTER

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

1. The name of the corporation: North Park Commerce Center Owners' Association, Inc.

2. The principal office address: 3715 Northside Parkway, NW Blvd. 200, Suite 700, Atlanta, GA 30327

3. The mailing address (if different):

4. Date of incorporation/qualification: 05/21/2008 Document number: F08000002312

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)

Brent Albertson
37 North Orange Avenue
Orlando, FL 32801

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

Dean Mead Services, LLC
800 N. Magnolia Ave., Suite 1500
P.O. Box NOT acceptable
Orlando, FL 32803

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 of an officer or director

X John R. McDonald 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.

DEAN MEAD SERVICES, LLC

By: _____ Signature of Registered Agent

October 8, 2014 Date

If signing on behalf of an entity:

Vicki L. Berman, Vice President
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

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