Division of Corporations Electronic Filing Cover Sheet

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	Phone : Fax Number :	(850) 222-1192 (850) 878-6	e of subm	nission	2/2
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ALL AND ALL PROPERTY CHARACTERS C	REGISTERE	CD AGENT CHA	NGE	HASSEE	16 27 FH 2: 20
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	REGISTERE VILLAGE PROPI	CD AGENT CHA	NGE	HASSEE	JG 27 FM 2: 20
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province constitution	REGISTERE VILLAGE PROPI Certificate of Status Certified Copy	CD AGENT CHA	NGE ASSOCIATIO	HASSEE	JG 27 FH 2: 20

August 30, 2010

FLORIDA DEPARTMENT OF STATE

VINELAND VILLAGE PROPERTY OWNERS ASSOCIATION, INC. 225 W. WASHINGTON ST. C/O CORPORATE PARALEGAL INDIANAPOLIS, IN 46204

SUBJECT: VINELAND VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

REF: N00000002300

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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

FAK Aud. #: H10000192523 Letter Number: D10A00020674

2018 AUG 30 AN \$: 00
SECRETARY OF STATE
ALLAHASSEE FLORIBA

P.O BOX 6327 - Tallahassee, Florida 32314

## **COVER LETTER**

DBJECL: Autorated Amaga	Property Owner's Association, Inc. (Name of Corporation)
NGOO	70004200
OCUMENT NUMBER: NOOO	JU002300
The enclosed Statement of Change	of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence co	ncerning this matter to the following:
Tracy L. Reinh	noit
<del></del>	(Name of Contact Person)
Simon Proper	(Firm/Company)
	(Finite Company)
225 W. Washir	ngton St., P.O. Box 7033
	(Address)
Indianapolis, IN	46207-7033
indianapone, in	(City/State and Zip Code)
For further information concerning	•
0.11.11.11.11.11.11.11.11.11.11.11.11.11	· · · · · · · · · · · · · · · · · · ·
Tracy L. Reinholt	erson) at (317 ) 263-7131 (Area Code & Daytime Telephone Num
(Name of Contact P	erson) (Area Code & Daytime Telephone Num

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 ch	ange is submitted for a corporation of	.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida			
		gistered agent, or both, in the State of Florida.			
	the corporation: Vineland Village Pro				
2. The principal office address: 225 W. Washington St., P.O. Box 7033, Indianapolis, IN 46207-7033  3. The mailing address (if different): c/o Corporate Paralegal, 225 W. Washington St., P.O. Box 7033, Indianapolis, IN 46207-703					
	d street address of the current register runent of State:	ed agent and registered office on file with the			
	Thomas E. Francis	10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	215 North Eola Drive	FCC BUS IN			
	Orlando, Florida 32802	25° 7			
<ol><li>The name an (if changed);</li></ol>	d street address of the new registered	agent (if changed) and /or registered office			
	CT Corporation System	D. T.			
	1200 South Pine Island				
	(P.O. Box NOT noop	Anble)			
ř	Plantation, Florida 33324				
The street addr as changed wil	ess of its registered office and the st I be identical.	reet address of the business office of its registered agent,			
Such change wanthorized by t	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.			
15	aire or an original or airector)	Stephen R. Stouffer, Assistant Treasurer			
I hereby accep I further agree of my duties, as document is be corporation ha	t the appointment as registered agen to comply with the provisions of all nd I am familiar with and accept the ing filed merely to reflect a change i s been notified in writing of this cha	nt and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the inge.			
Jan!	m DD	08/27/2010			
(5	goulure of Régistered Agent)	(Date)			
	chalf of an endry: Imes M. Halpin				
	ssistant Secretary				
,	Typod 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 \* \* \*