

**N00000006211**

Florida Department of State  
Division of Corporations  
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DIVISION OF CORPORATIONS

**REGISTERED AGENT CHANGE**

WESTON TOWN CENTER MAINTENANCE ASSOCIATION, INC

03 FEB 12 PH 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*R. A. Key*  
*RLG*

**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: WESTON TOWN CENTER MAINTENANCE ASSOCIATION, INC.
- 2. The principal office address: 1875 MARKET STREET, SUITE 207  
WESTON, FLORIDA 33326
- 3. The mailing address (if different): SAME
- 4. Date of incorporation/qualification: 09/19/2000 Document number: N00000006211

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JOHN BARIC  
7800 GLADES ROAD  
BOCA RATON, FLORIDA 33434

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

GRACE VALDES  
1676 MARKET STREET, SUITE 207  
(P.O. BOX or Personal Address NOT acceptable)  
WESTON, FLORIDA 33326

03 FEB 12 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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.

*[Signature]*  
(Signature of officer, chairman or vice chairman of its board)

BARRY J. BELMONT, 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.

*[Signature]*  
(Signature of Registered Agent)

2-8-03  
(Date)

If signing on behalf of an entity:  
GRACE VALDES

DIRECTOR AND REGISTERED AGENT

(Typed or Printed Name)

(Capacity)

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