## N02000003207

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SECRETARY OF STATE,
TALLAHASSEF ET STATE.

R.A

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AUG 3 1 2009

## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Stone Crest Master As	
Name of Corpora	tion
DOCUMENT NUMBER: N020000	03207
The enclosed Statement of Change of Registered Office/Agen	at and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
,	
Spencer Solon Name of Contact P	non
Name of Contact Po	erson
Southwest Property Ma	
Firm/Company	<b>,</b>
P.O. Box 7833 Address	367
Address	
Winter Garden, FL	.34778
City/State and Zip	Code
spencerswpm@vaho	oo.com
spencerswpm@yahe E-mail address: (to be used for future a	annual report notification)
For further information concerning this matter, please call:	
Spencer Solomon at (	407 \ 656-1081
Name of Contact Person	407 ) 656-1081 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of	of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	poration organized	607.1508, or 617.1508, Flori I under the laws of the State I agent, or both, in the State	of_Florida	
1. The name of t	the corporation: Stone	Crest Master	Association, Fnc.		-
	office address: 13350 V	V. Colonial Dr.	Suite 330		
_	ddress (if different): P.C Sarden, FL 34778	). Box 783367			
4. Date of incorp	poration/qualification:	4/30/2002	Document number:	N02000003207	
	I street address of the curr tment of State: (If resigne		t and registered office on file	e with the	
	Spencer Solomon				
	14443 Prunning Wo	ood Place			
	Winter Garden, FL	34787		=1 21	
6. The name and (if changed):	street address of the new	registered agent (i	f changed) and /or registered	AF 2	-
	Spencer Solomon			SEXY &	7
	13350 W Colonial D			PHI2: 4:	J
	Winter Garden, FL	P.O. Box NOT acc 34787	eptable	ATE 45	
The street addre	ess of its registered office be identical.	e and the street add	dress of the business office	of its registered agent,	
•		on duly adopted by on has been notific	its board of directors or by	y an officer so	
	e of an officer or director		Jim Lawreth	8/5/09 and title	
I hereby accept I further agree to of my duties, an document is bei	the appointment as revis	sions of all statutes accept the obligate a change in the re	gree to act in this capacity, is relative to the proper and tion of my position as registered office address, I h	complete performance tered agent. Or, if this vereby confirm that the	
Sign	nature of Registered Agent		Date	<u>-</u>	
If signing on be	half of an entity:				
	yped or Printed Name	<u> </u>			

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