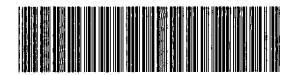
## N03000002377

No NAMIC NO address					
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Busi	ness Entity Na	me)			
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Certified Copies	Certificate:	s of Status			
Special Instructions to Fi	ling Officer;				
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Office Use Only



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RA Change 01-27-11 De

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

			507.1508, or 617.1508, Flo d under the laws of the Sta			
			d agent, or both, in the Stat			
1. The name of	the corporation; Oak F	orest of Sara	sota Homeowners	Association, Inc.		
2. The principal	office address: 614 Cy	press Ave, Ven	ice FL 34285			
				1324. 1324.		
3. The mailing a	address (if different): 41	95 S. Tamiami	Γrl, PMB #173 Venice	), FL 34293 ett		
4. Date of incor	poration/qualification:	03/18/2003	Document number:	N03000002377		
	d street address of the cur rtment of State: (If resign		at and registered office on t	file with the		
	SEABREEZE COM	MUNITY ASSO	OCIATION MGMT, LL	.C		
	245 White Marsh Lane					
	Rotonda West, FL	34223				
6. The name and (if changed):	d street address of the ne	w registered agent (i	if changed) and /or register	3000		
	Antares Group, Inc	3	١			
	614 Cypress Ave			\$		
	P.O. Box NOT acceptable					
	Venice, FL 34285	V-1 2427				
The street addr as changed will	ess of its registered office be identical.	ce and the street add	dress of the business offic	e of its registered agent,		
Such change wanthorized by the	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or led in writing of the chang	by an officer so ge.		
Charles	re of an officer or girector		Charles Ha	ugvedve S		
I further agree of my duties, an document is bein corporation has	the appointment as reg to comply with the prov id I am familiar with an ing filed merely to reflect is been notified in writing mature of Registered Agent	istered agent and a isions of all statute d accept the obligate a change in the rig of this change.	gree to act in this capacits relative to the proper at tion of my position as regegistered office address, in the Date	ty nd complete performance istered agent. Or, if this I hereby confirm that the		
CHUTHIA	chalf of an entity:	in				

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