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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092

: (850) 878-5368 Fax Number

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

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## REGISTERED AGENT CHANGE VILLAS AT EDENFIELD ASSOCIATION, INC.

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CT CORPORATION

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

statement of ch	unge is submitted for a corpo	ration organiz <mark>a</mark>	507.1508, or 617.1508, Florida d under the laws of the State of	Florida
in ordi	er to change its registered off	ice or registeres	d agent, or both, in the State of	Florida.
1. The name of	the corporation; VILLAS AT	EDENFIELD A	SSOCIATION, INC.	
2. The principal	office address: 4902 EISENF	IOWER BLVD.	, SUITE 216 TAMPA FL 33634	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification;	11/14/2003	Document number:	N03000009942
	l street address of the current timent of State: (If resigned, o		t and registered office on file w	ith the
	REALMANAGE LLC			
	4902 EISENHOWER BLVD	., SULTE 216		- IAS 2
	TAMPA FL 33634 US			OIZE ECAL LAH
6. The name and (if changed):	i street address of the new rep	gistored agent (i	f changed) and /or registered of	FEB -6 AHASSEE
	C T Corporation System	,, <del></del>		70
	c/o C T Corporation System,			
	Plantation, Florida 33324	P.O. Box NOT no	coptable	
The street address changed will	ess of its registered office an	d the street add	iress of the business office of	its registered agent,
			y its board of directors or by an od in writing of the change.	
Kimberly Baggett, See			cretary	
	ल ठा का हिर्मित वर विक्रिकीर	_	Printed or Typed hame and	
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as register to comply with the provision of I am familiar with and ac ng filed merely to reflect a a to been notified in writing of	ed agent and a is of all statute: cept the obliga change in the re this change.	gree to act in this capacity. I relative to the proper and co tion of my pasition as register egistered office address, I here	mplete performance ed agent. Or, if this by confirm that the
£T.	Corporation System	1	2/2/2012	
By:	manuer of Registered Agent	-	Date	<del></del>
If signing on be	half of an entity:			
	Baggett, Assistant Secretary			
T	yped or Printed Name	CITYNYO THE	F25 00 + 4 +	
		filing fee;		
M CR2E045 (8/05)	MAKE CHECKS PAYA AIL TO: DIVISION OF CORPO	RATIONS, P.O.	DA DEPARTMENT OF STATE BOX 6327, TALLAHASSEE, FL	.32314

FL006 - 07/23/2009 C T System Online