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REGISTERED AGENT CHANGE

RIDGE II COMMERCE CENTER OWNERS ASSOCIATION, IN

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

Ogtober 15, 2004

HIGH RIDGE II COMMERCE CENTER OWNERS ASSOCIATION, INC.

4150 S.W. 28TH WAY

FT. LAUDERDALE, FL. 33312 -

SUBJECT: HIGH RIDGE II COMMERCE CENTER OWNERS ASSOCIATION, INC.

REF: NO4000003010

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.

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

this statement of change is submitted for a corpora	617.0502, 607.1508, or 617.1508, Florida Statutes, tion organized under the laws of the State of	
•	tered office or registered agent, or both, in the State	
of Florida.	G . D A	
1. The name of the corporation: High Ridge II Commerce Center Owners Association, Inc.		
2. The principal office address: 4150 SW 28th Way, Ft. Lauderdale, FL 33312		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 03/23/2004	Document number: N04000003010	
 The name and street address of the current regis Florida Department of State: 	tered agent and registered office on file with the	
Glen	R Gilbert 'S' 7	
1750 East Sunrise Blvd		
Fort Lauderdale, FL 33304		
changed):	tered agent (if changed) and /or registered office (i	
Ст Сокро	ration System	
c/o C T Corporation System		
(P.O. Hox or personal malibox NOT acceptable)		
	ond, Plantation, Ficrida 33324	
The street address of its registered office and the agent, as changed will be identical.	street address of the business office of its registered	
Such change was authorized by resolution duly as authorized by the board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.	
(Signature of an original thannian of the board)	(Printed or typed name and title)	
I hereby accept the appointment as registered ag I further agree to comply with the provisions of a performance of my duties, and I am familiar with registered agent. Or, if this document is being fu office address, I hereby confirm that the corporate	ent and agree to act in this capacity, ill statutes relative to the proper and complete and accept the obligation of my position as led merely to reflect a change in the registered	
By: Ballare abuse	101404	
(Signature of Registered Agent) If signing on behalf of an entity:	(D#k) Babara A. Burke Special Assestant Secretary	
(Typed or Frinted Name)	(Capacity)	

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

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