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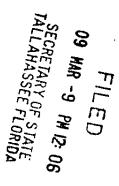
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COVER LETTER

TO:

Amendment Section Division of Corporations



Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.05 ange is submitted for a corpor er to change its registered offi	ation organized under the law	s of the State of Flo	rida	_
1. The name of	the corporation: Flagler Be	each Polo Club Homeow	ners Association	, Inc.	
2. The principal	l office address: P.O. Box 3	353187, Palm Coast, FL	32135		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 411	9/2004 Document n	umber: <u>N040000</u>	3936	
	d street address of the current artment of State: (If resigned, e		d office on file with th	ne	
	Timothy J. Conner Atto	orney			
	2 Jungle Hut Rd. Ste.	1			
	Palm Coast, FL 32137				
6. The name and (if changed):	d street address of the new reg Christine & Christine		•	SECRET TALLAH	} •
,	20 Cordova Ct	NOT acceptable)		ARY (, ILE
		•		FLOF S	2 D
The street address changed will	St. Augustine, FL 3208 ress of its registered office an l be identical.		siness office of its re	A TAI TAI TAI TAI TAI TAI TAI TAI TAI TAI	
Such change wauthorized by t	as authorized by resolution of the board, or the corporation	luly adopted by its board of chas been notified in writing of	lirectors or by an off of the change.	icer so	
chau	l Mucciolo	Paul	Uncciol	0	_ ;
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as register to comply with the provision nd I am familiar with and acc ing filed merely to reflect a c ss been notified in writing of i	ed agent and agree to act in a s of all statutes relative to the cept the obligation of my post change in the registered offica this change.	ted or typed name and title) this capacity. e proper and comple ition as registered as e address, I hereby c	· .	nce this the
			3/6/09		
	gnature of Registered Agent)		(Date)		_
1	ehalf of an entity:				
) Jackson, Es Typed or Printed Name)	<u> </u>	•		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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