

N05000006943

Dean Armitage
(Requestor's Name)

12839 Daughtery Dr.
(Address)

Winter Garden FL 34787
(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

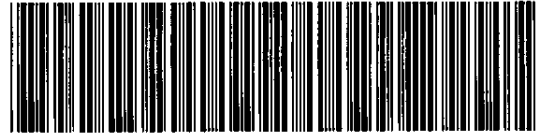
(Business Entity Name)

(Document Number)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GROVEHURST HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 2582 SOUTH MAGUIRE RD. SUITE 318. OCOEE FL 34761

3. The mailing address (if different): PO BOX 783367

WINTER GARDEN FL 34787 US

4. Date of incorporation/qualification: 07/07/2005 Document number: N05000006943

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SOLOMON, SPENCER

14443 PRUNNING WOOD PLACE

WINTER GARDEN FL 34787 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tim Flaherty

12765 Daugherty Drive

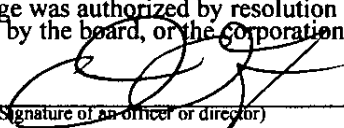
(P.O. Box NOT acceptable)

Winter Garden, Florida 34787

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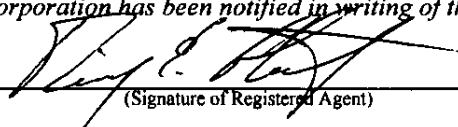
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Dean Armitage
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

April 14, 2009
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

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