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Amendment Section

TO:

Division of Corporations
SUBJECT: Eagle Palms Homeowners Association, Inc. Name of Corporation
DOCUMENT NUMBER: N06000001513
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Clinton S. Morrell
Name of Contact Person
Shumaker, Loop & Kendrick, LLP
Firm/Company
101 E Kennedy Blvd, Suite 2800
Address
Tampa, FL 33602
City/State and Zip Code
cmorrell@shumaker.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Clinton S. Morrell (227 - 2224)
Name of Contact Person at (813) 227 - 2224 Area Code & Daytime Telephone Num

Enclosed is a \$35.00 check made payable to the Department of State.

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/E3)

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

V. V	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu hange is submitted for a corporation organized under the laws of the State of der to change its registered office or registered agent, or both, in the State of Floric		
1. The name o	f the corporation: Eagle Palms Homeowners Association, Inc.		
2. The principa	al office address: 9053 Moonlit Meadows Loop, Riverview, FL 33578		
3. The mailing	address (if different): 60 Condominium Associates, 3001 Executive Drive, Suite 260, Cleary	vater, F1, 3	—— 3 76 2
4. Date of inco	rporation/qualification: 02/13/2006 Document number: N0600000151:	3	
The name ar	ed street address of the current registered agent and registered office on file with the extrnent of State: (If resigned, enter resigned)		
	Shumaker, Loop & Kendrick, LLP		
	101 E Kennedy Blvd, Suite 2800		20 20 Aug
	Tampa, FL 33602	EDARY (91.0
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			28 AMI
	Jonathan J. Ellis, Esq.	EE	44 II: 45
	101 E Kennedy Blvd, Suite 2800	11	ဌာ
	P.O. Box. NOT acceptable Tampa, FL 33602		
The street addre	ess of its registered office and the street address of the business office of its regis be identical.	stered age	:nt,
Such change was authorized by the	is authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	r so	
Signalu	e of an officer or director Ed Bonnett & Bonnett	<i>-</i>	
I hereby accept I further agree to of my diaties, an document is ben corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and complete to the proper and complete to the proper and accept the obligation of my position as registered agent agent the proper and accept the obligation of my position as registered agent agent placed to reflect a change in the registered office address. I hereby confident in writing of this change.	performa t. Or if t ìrm thát t	nce his he
/	brung of Registered Agent'	70	_
If signing on bel	nalf of an entity:		
$\overline{T_{\Sigma}}$	ped or Printed Name		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (64/13)

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