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SECRETARY OF STATE
ALL ARACSES F. STATE

R.A. Change

C. Coulliste FEB 0 7 2007

Reserve

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 statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of	FLO	RIDA		
1. The name of the corporation: AMELIA GREEN OWNERS ASSOCIATION, INC.				
2. The principal office address: 2180 W SR 434 STE 5000				
LONGWOOD FL 32779-5044				
3. The mailing address (if different):				
4. Date of incorporation/qualification: 09/21/2006 Document number: N0600	0009	912		
5. The name and street address of the current registered agent and registered office on file w Florida Department of State:	ith the	!		
FINLAY, CHRISTOPHER				
4300 MARSH LANDING BLVD STE 101				
JACKSONVILLE FL 32250	:	آلال څار	2001	
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):	fice	RETARY	FEB -5	Ę
JAMES W HART JR	-	FOR	<u>₽</u>	ED.
2180 W SR 434 STE 5000	- :	STAT STAT	ά	
(P.O. Box NOT acceptable) LONGWOOD FL 32779-5044	<u>.</u>	DA DA	5	
The street address of its registered office and the street address of the business office of as changed will be identical.	its reg	istered	agent.	,
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change.	n offic	er so		
(Signature of an officer or director) Alexander B. C. (Printed or typed name and) / <i>L / (</i> 1 title)	cko		
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 co of my duties, and I am familiar with and accept the obligation of my position as register document is being filed merely to reflect a change in the registered office address, I here corporation has been notified in writing of this change.	mplete ed age eby co	e perfo. ent. Or nfirm t	rmanc r, if thi hat the	e s ;
(Date))			9
If signing on behalf of an entity:				
JAMES W HART JR				
(Typed or Printed Name)				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)