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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number : I2000000195

: (850)521-1000

Phone Fax Number

: (850)558-1575

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## REGISTERED AGENT CHANGE WEST PALM BEACH COMMERCE PARK PROPERTY OWNERS **ASSOCI**

Certificate of Status	0
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T Roberts NOV 2 0 2009)

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

	ovisions of sections 607.0502, 617.0502, e is submitted for a corporation organize		
	o change its registered office or registere		
1. The name of the	corporation: West Palm Beach	Commerce Park Poperty	Owners
2. The principal off	Fice address: 4545 Airport Way, I	Denver, CO 80239	sociation, Inc.
·			
3. The mailing add	ress (if different): Same as Above		
4. Date of incorpora	ation/qualification: 02/05/2007	Document number: N0700000	1246
	reet address of the current registered ager	nt and registered office on file with the	F2 6
. K	Kenneth Treadwell		<b>三</b>
72	240 7th Place North		题 2
v	West Palm Beach, FL 33411		第 录
6. The name and str (if changed):	rect address of the new registered agent (	if changed) and /or registered office	09 NOV 20 PM 3: 05
<u>C</u>	Corporation Service Company		2011
13	201 Hays Street		
	(P.O. Box NOT acceptable)		
<u>. T</u>	allahassee, FL 32301		
The street address as changed will be	of its registered office and the street addentical.	dress of the business office of its regis	stered agent,
Such change was a authorized by the b	authorized by resolution duly adopted by poard, or the corporation has been notifi	y its board of directors or by an office ied in writing of the change.	r so
		Edward S. Nekritz, President	
I hereby accept the I further agree to c of my duties, and I document is being t corporation has be	t is other or director)  appointment as registered agent and a comply with the provisions of all statute am familiar with and accept the oblige filed merely to reflect a change in the re- ten notified in writing of this change.	(Printed or typed name and tallo) igree to act in this capacity. Is relative to the proper and complete attorned my position as registered agen egistered office address, I hereby conj	performance t. Or, if this firm that the
By:	n Service Company  Me Kray  are of Registered Agent)	11/19/09 (Bate)	<del></del>
	5. Krayer, Assistant VP		
	d 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)