Other

Patti Heidler Attorneys At Law 1645 Palm Beach	7				·
Suite 640 West Palm Beach, FL 33401		Office Use Only			
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Profit	Amendment		000002628940- -08/31/98011070 ******35.00 ******3		1107006 *****35_0
NonProfit	Resignation of R.A.,	Officer/ Director	***	***30, co *******	**************************************
Limited Liability	Change of Registered	Agent			
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Fictitious Name	Foreign		1305 à 1	£ 1	
Name Reservation	Limited Partnership		b. Cr.	20	
	Reinstatement			<i>y</i> *	
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Florida Department of State, Sandra B. Mortham, Secretary of State

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, the
undersigned corporation organized under the laws of the Sta	te of to the in the
submits the following statement in order to change its regis	tered office or registered agent, or both, in the
State of Florida. 1. The name of the corporation is: Country Fair	+ Bout - Homeowhere
	at DONNIAK MOMESON NEIZI
Association.	
2. The mailing address of the corporation is: 6R5 M	langement Associates the
3900 Woodlake Blvd. #201	Lake Worth, FL 33463
3. Date of incorporation/qualification: 1-20-86 4. The name and address of the current registered agent and Mollengarden Peter Co Becker t Poliakof	Document number:
500 S. Australian 8	Ave ==
5. The name and address of the new registered agent and of	3340 Sice: (P.O. Box Not Acceptable)
Patti Heidler Ladu	via SER SER SER
1645 Palm Beach L	akes Blud. Sinte Exton
West Palm Beach, F	
The street address of its registered office and the street address, as changed, will be identical.	ress of the business office of its registered
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so
	8-10-98
(Signature of an officer, chairman or vice chairman of the board)	(Date)
Oriented or turned name	and title)
(Printed or typed name	
Having been named as registered agent and to accept serv I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligation of my pos	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent.
Part Heid Cadwic (Signature of Registered Agent)	8 · 27 · 98 (Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
ODOCO45(1 (05)	FILING FEE: \$35.00

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