Reclesta's Name

LAW OFFICES
SMITH, HOOD, PERKINS, LOUCKS,
STOUT & ORFINGER, P.A.

post office box 15200 Daytona beach, florida 32115 300003374423--3 -08/28/00--01071--015 *****35.00 ******35.00

Examiner's Initials

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1(Corporation Name)	(Document #)	
2. (Corporation Name)	(Document #)	in the second se
3(Corporation Name)	(Document #)	SECRETARY
4. (Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Certificate Photocopy Certificate	e of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Dire Change of Registered Agent Dissolution/Withdrawal Merger	ctor
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	NO CO

CR2E031(7/97)

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

the undersigned corporation organized under the laws of the State of Florida Statutes,
submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: Breakaway Trails Loneowers asso
2. The mailing address of the corporation is: 16 Breakaway Liail 3
3. Date of incorporation/qualification Open 22, 1986 Document number: N 1453 &
4. The name and address of the current registered agent and office:
Marla Danmann 16 Breakaway Trail
Dronord Beach Fl 32174
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable) aved I food, Ottorney
Day tona Bel Fl 32118
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 outborized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Jim Amico, President (Printed or typed name and title)
laving been named as registered agent and to accept service of process for the above stated orporation, I hereby accept the appointment as registered agent and agree to act in this capacity, further agree to comply with the provisions of all statutes relative to the proper and complete erformance of my duties, and I am familiar with and accept the obligation of my position as
(Signature of Registered Agent) (Date)
signing on behalf of an entity:
Charles David Hood, Jr Attorney For Assoc, (Typed or Printed Name) (Capacity)

DIVISION OF CORPORATIONS

CR2F045(7/97)

P.O. Box 6327

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

TALLAHASSES, FL. 32314