_ #					
3	21	1			
Requester's	s iname				
seaboard ark	ors manageme	nt services, inc.	•		
City/State/Zip	PLACE • NEW PORT	RICHEY, FL 34652	•••···································	90000353 -01/29/01 *****35.	90539 01116019 00 *****35.
		ļ			
		Office Use Only		Office Use Only	
DRPORATION NÁMI	E(S) & DOCUI	MENT NUMBE	R(S), (if k	nown):	
(Corporation	Name)	Docu	ment #)		
Corporation	·	(2004)	ione ny		Ol Sector
(Corporation	Name)	(Docum	ment #)		- 1 TO TO
					20
(Corporation	Nama	(Do	 nent #)		_ %
(Corporation	Name)	(Docur	nent#)		ં છે. 53
(Corporation	Name)	(Docur	nent #)		- 3 -
☐ Walk in ☐ F	Pick up time			☐ Certified Copy	
Mail out	Will wait	Photocopy		Certificate of S	tatus
EW FILINGS		AMENDME	NTS		
Profit Not for Profit Limited Liability Domestication Other	· · · - ·	Change of		- .	
THER FILINGS		REGISTRAT	ΓΙΟΝ/QU	ALIFICATION	
Annual Report Fictitious Name	-	Foreign Limited I Reinstate Trademan		RA Chg	' an 3 1 2001
				<u> </u>	AN U I ZUE
				Examiner's Initia	als

المتكون

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 State of Florida
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: Milloand Trace Condominion, Association, INC
2. The mailing address of the corporation is: do Seaboard Arbers Manit Services, Inc.
5313 Locust Place, New Port Richery, FC 34652
3. Date of incorporation/qualification: 6/3/84 Document number: N 152 11
4. The name and address of the current registered agent and office:
Wicky Jerry - Sunstate tect.
Wicky Jerry - Synstate tect. 231 Lonfagette Blvd.
0 (drman Fr 34477
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Lennard A. Leighton, do Seaboard Arbors Many 50
5313 Locust Place
New Port Richay 52 34652
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 authorized by the board.
(Signature of an officer, chairman or vice chairman of the board) (Date)
Carolyn Milliner (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Signature of Registered Reent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2E045(7/97)
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314