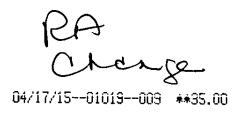
## N15805

(R	Requestor's Name)
(A	ddress)
(A	ddress)
· (C	ity/State/Zip/Phone #)
· PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



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## COVER LETŢER

TO:	Amendment Section Division of Corporations
CHDH	CT:
SUBJ	Name of Corporation
DOCU	MENT NUMBER:
The en	losed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Robert Taylor
	Name of Contact Person
	Becker & Poliakoff
	Firm/Company
	111 N. Orange Ave. Suite 1400
	Address
	Orlando, FL 32801
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	her information concerning this matter, please call:
Robe	t Taylor at (407 875-0955  Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	d is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Settlers Landing Neighborhood Association, Inc.
2. The principal office address: 14101 Town Loop Blvd Orlando, FL 32837
3. The mailing address (if different):
4. Date of incorporation/qualification: 7/9/1986 Document number: N15805
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Robert Taylor
150 N. Westmonte Drive  Altamonte Springs, FL 32714
Altamonte Springs, FL 32714
6. The name and street address of the new registered agent (if changed) and /or registered office ?
Becker & Poliakoff P.A.
111 N. Orange Ave. Suite 1400
P.O. Box NOT acceptable
Orlando, FL 32801
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, or the corporation has been notified in writing of the change.
Emogene 11. Scott - Proseident Signature of an officer or director  Emogene 11. Scott - Proseident
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.—Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date
If signing on behalf of an entity:
Robert Taylor, Shareholder
Typed or Printed Name

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

JECKS PAVABLE TO ELORIDA DEPARTMENT OF S