Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195

Phone

(850) 521-1000

Fax Number

(850) 558~1575

REGISTERED AGENT CHANGE

ORLANDO CORPORATE CENTER PROPERTY OWNERS ASSOCIATION

Electronic Filing Menu

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Corporate Filing Menu

Help

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

statement of char	rovisions of sections 607.0502, 617.0502, age is submitted for a corporation organiza to change its registered office or registere	ed under the laws of the Si	tate of Florida
1. The name of the	ne corporation: Orlando Corporate (Center Property Ow	ners Association, Inc.
2. The principal of	office address: 4105-A 34th Street,	Orlando, FL 32811	
3. The mailing ad	Idress (if different): Attn: Legal Dep	t., 4545 Airport Wa	ly, Denver, CO 82039
4. Date of incorpo	oration/qualification: 1/14/87	Document number:	Ň18754
5. The name and Florida Depart	street address of the current registered age ment of State:	nt and registered office on	i file with the
_	Charles Sullivan		
	4105-A 34th Street		
-	Orlando, FL 32811		
6. The name and (if changed):	street address of the new registered agent ((if changed) and /or regist	ered office
_	Corporation Service Company		
	1201 Hays Street		
-	(P.O. Box NOT acceptable)		
-	Tallahassee, FL 32301		
The street address shanged will be	s of its registered office and the street ad se identical.	ldress of the business off	ice of its registered agent,
Such change was authorized by the	s authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors o	r by an officer so age.
Deend W.	naudugen	David W. Grawe	meyer, Director
I hereby accept to I further agree to of my duties, and document is bein corporation has i	he appointment as registered agent and a comply with the provisions of all statute I am familiar with and accept the obliga g filed merely to reflect a change in the r been notified in writing of this change.	agree to act in this capac is relative to the proper ation of my position as re registered office address,	ity md complete performance zistered agent. Or, if this I hereby confirm that the
By: Sign	on Service Company Little Com	3/17 (Date)	109
	alf of an entity: Ity B. Moret Vice President		
	* * * FILING FEE:	: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILAHASSEE, FL 32314
CR2E045 (3/05)