N30558

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Andalucia Master Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N30558

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Charles Evans Glausier

Name of Contact Person

Glausier Knight, PLLC

Firm/Company

400 N. Ashley Drive, Ste. 2020

Address

Tampa, FL 33602

City/State and Zip Code

cglausier@glausierknight.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Evans Glausier

,813 440-4600

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Inge is submitted for a corporation organized under the laws of the State of r to change its registered office or registered agent, or both, in the State of	f Florida	_
 The name of t The principal 	the corporation: Andalucia Master Association, Inc. office address: 17824 N. US HWY 41, Lutz FL 33549		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 01/22/2002 Document number: N305	558	
	d street address of the current registered agent and registered office on file trent of State: (If resigned, enter resigned)	with the	
	Charles Evans Glausier		
	1801 N. Highland Avenue	<u>-</u>	
	Tampa, FL 33602	z., 23	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		77
	Charles Evans Glausier	Sign	1
	400 N. Ashley Dr., Suite 2020	PR 1: 41	Ö
	P.O. Box NOT acceptable Tampa, FL 33602	72 5	
The street address changed will	ess of its registered office and the street address of the business office of be identical.	its registered age	ent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an ne board, or the corporation has been notified in writing of the change.	n officer so	
	A H. Sanders, D		_
I hereby accept I further agree to performance of agent. Or, if the hereby confirm Sign	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and comy duties, and I am familiar with and accept the obligation of my positic is document is being filed merely to reflect a change in the registered off that the corporation has been notified in writing of this change. The printed or typed name and the appointment of the proper and comy duties, and I am familiar with and accept the obligation of my positic is document is being filed merely to reflect a change in the registered off that the corporation has been notified in writing of this change. Date The printed or typed name and the appointment of the proper and comy duties.		_
ту	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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