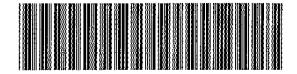
N 30634

| | { |
|---|----------|
| (Requestor's Name) | |
| | |
| (Address) | - |
| | } |
| (Address) | |
| | |
| (City/State/Zip/Phone #) | |
| | |
| PICK-UP WAIT | MAIL |
| | 1 |
| (Business Entity Name) | <u> </u> |
| | |
| (Document Number) | |
| | 3 |
| Certified Copies Certificates of St | atus |
| | 1 |
| Constal Instruction of Filing Officer | : |
| Special Instructions to Filing Officer: | |
| | } |
| | |
| | } |
| | · ; |
| | |
| | ì |

Office Use Only



700022339177

08/22/03--01044--003 **35.00

0021/03-01059-0032 **35.00



al rackg

TRANSMITTAL LETTER

| TO: Amendment Section Division of Corporations |
|---|
| SUBJECT: Andouer Place Quiners Association, Inc. |
| DOCUMENT NUMBER: NIZOLZA |
| 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: |
| Bryan Cantrell (Name of person) |
| Signature leasty & Mangement, Inc. |
| 9999-1 San Jose Blvd. (Address) |
| Tacksonville fr 32257- (City/state and zip code) |
| For further information concerning this matter, please call: |
| Sharken Thompson at (904) 268-0035 (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 409 E. Gaines Street Tallahassee, FL 32399 |

, grital

CR2E045(07/02)

· 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 |
| in order to change its registered office or registered agent, or both, in the State |
| of Florida. |
| 1. The name of the corporations and over the Council ASSOCIATION, Inc. |
| 2. The principal office address: 2180 WaSt &R 434 STE 5000 |
| Longwood, R 32779 |
| 3. The mailing address (if different): 2780 Wast 87 434 872 5000 |
| Longwood, R 32779 En & 1 |
| 4. Date of incorporation/qualification: 2/1989 Document number: 13653 |
| 5. The name and street address of the current registered agent and registered office on file with the River Florida Department of State: Tarres W. Hawt, Tr |
| Sentry Management, Inc. |
| 2180 West SR 434 SB 5000 3 5 |
| Lanewood, fi 32779 |
| 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): Signature Roalty & Management Try. |
| 9889-1 Son Dos Blyd (P.O. Box of personal mailbox Not acceptable) |
| Jacksonville R. 32257 |
| 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. |
| Signature of an officer, chairman or vice chairman of the board) Tewell Limonius Director/President of Andore (Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title) Place Board of Director |
| 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. S1803 |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| tryan Cantrell troperty Manager Andrewer Place (Capacity) |

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