N34635

(Requestor's Name)
(Address)
· (Address)
(City/State/Zip/Phone #)
(Sitylotato/Lipit Holle II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,



500131476115

06/20/08--01021--005 **35.00

2000 JUN 20 AM II: 20
SECRETARY OF STATE
OF AN INCOME.

Office Use Only

R.A. Change

TB 6/23/08

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: PROMENDE) + COMEQUNERS' ASSOC. INC. (Name of Corporation)
DOCUMENT NUMBER: N 34 635
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:
ROBERT A BABCOCK (Name of Contact Person)
HOLIDAY ISLES PROPERTY MGMT. Inc. (Firm/Company)
11350 66th St. M. Suite 124 (Address)
LARRO, FL 33773 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (757) 548 - 9402 (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 Street Address: Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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.
1. The name of the corporation: Promenne Hemesourss Association, Inc
2. The principal office address: 11350 66 T. N. Suize 134
LARERO, FC 33773
3. The mailing address (if different): 11350 66 th ST M. SOITE 124
LARGO, FL 33773
4. Date of incorporation/qualification: 10/13/1989 Document number: N34635
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
NOLAND, JAMES
4174 Wrodlano DKWY
Parm Harbon, FL 346F5 PE = TI
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
11350 66 st. N # 124 PT 20 12
LARGO FL 33773
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 or director) Michael T. Chronical (Printed or typed name and title) 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:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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