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| Certified Copies | Certificate | s of Status |
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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 Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA er to change its registered office or registered agent, or both, in the State of Florida. |
|---|--|
| 1. The name of t | the corporation: HOLDEN RIDGE OWNERS ASSOCIATION, INC. |
| | office address: 2180 W SR 434 STE 5000 |
| | LONGWOOD FL 32779-5044 |
| 3. The mailing a | address (if different): |
| 4. Date of incorp | poration/qualification: 09/05/1990 Document number: N40077 |
| | d street address of the current registered agent and registered office on file with the rtment of State: |
| | C/O ATTWOOD-PHILLIPS INC |
| | 1350 ORANGE AVE STE 100 |
| | WINTER PARK FL 32789-4932 |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office 75 |
| | JAMES W HART JR |
| | C/O SENTRY MANAGEMENT, INC./ 2180 W SR 434 STE 5000 |
| | (P.O. Box NOT acceptable) LONGWOOD FL 32779-5044 |
| | ress of its registered office and the street address of the business office of its registered agent, l be identical. |
| authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. |
| /Sittle | Haward Bett / Jawsen 172 ture of an officer or director (Infinited or Typed name and title) |
| I further agree of my duties, ar document is be | t 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 complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address. I hereby confirm that the solutions is been notified in writing of this change. |
| | 8/29/08 |
| ∠ (Si | ignature of Registered Agent) (Date) |
| If signing on be | ehalf of an entity: |
| JAMES W | HART JR (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 * * *