N43832

To helia ble Property Managers, Inc. (Requestor's Name)
PMB 345, 4250 Alafaya Tr. (Address)
Suite 212 (Address)
Overda, II 32765 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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WRA

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

Pursuant to the provisions of sections 607.0502, 617.0502,	507.1508, or 617.1508, Florida Statutes, the
undersigned corporation organized under the laws of the Sta	te of Hours
submits the following statement in order to change its registe	
State of Florida.	
1. The name of the corporation: Boya! Ridge Home	OUTPERS ASSOCIATION TINC.
	0
2. The mailing address of the corporation: Clo Reliable	
PMB 345, 4250 Alafaya Tr. Si	lite 212 - Ovieto 'FL 32765
3. Date of incorporation/qualification: Coli Q 191	Document number: NU3832
4. The name and address of the current registered agent and re	egistered office:
Beliable Property Manag	
DMB-345 - 4250 Alafaya	164 4
	A S
5. The name and address of the new registered agent (if change	
Leband Management	
8009 S. Orange tvenue	me a
Orlando 71. 32809-0131	STATION 5.5
The street address of its registered office and the street addagent, as changed, will be identical.	lress of the business office of his registered
Such change was authorized by resolution duly adopted by authorized by the board.	its board of directors or by an officer so
Signature of an officer, chairman or vice chairman of the board)	Dec. 10, 2004 (Date)
Sotherine C. Andrews - President (Printed or typed name and title)	<u>-</u>
Having been named as registered agent and to accept serve corporation, I hereby accept the appointment as registered I further agree to comply with the provisions of all statutes performance of my duties, and I am familiar with and acce registered agent.	ice of process for the above stated I agent and agree to act in this capacity. relative to the proper and complete pt the obligation of my position as
(Signature of Registered Agent)	/-21-05 (Date)
If signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)

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