## N47782

		<u></u>	
UPL_		•	_
UNIVERSITY PROPERTI		30001	0/20/9701076012
824 EAST FLETCHER A		)A 33612-2601 **	*****35.00 *****35.00
City/Stati	EZIP FROM "	Office	: Use Only
CORPORATION	NAME(S) & DOCUME	NT NUMBER(S), (if know	n):
1	rporation Name)	(Document #)	<del></del>
(C)	(Polation 14atile)	(Document ")	
2(Co	rporation Name)	(Document #)	TALL MASSEE. FLOOD
3.	rporation Name)	(Document #)	EG C
(C0	rporation rearie)	(Document #)	TO THE
4(Co	rporation Name)	(Document #)	The second second
			700
Walk in	Pick up time	Certified C	opy April
☐ Mail out	☐ Will wait ☐ Pho	otocopy	of Status
NEW FILINGS	AMENDMENTS	Sangaryeria and Sangara Sangaryeria and Sangara Sangaryeria and Sangara	
Profit	Amendment		NIS S
NonProfit	Resignation of R.A., O	Officer/Director	:R 17 00 11516
Limited Liability	Change of Registered	Agent	1000 CF
Domestication	Dissolution/Withdrawa	al	0 /
Other	Merger		REDEIMEL
			26
OTHER FILINGS	REGISTRATI	ON/	Ü
Annual Report	<del>   </del>	ION	
Factories Name	Foreign		

Limited Partnership

Reinstatement Trademark

Other

Examiner's Initials

Name Reservation

Florida Department of State, Sandra D. Wortman, Sectedary of The G FINE	
*** FILING FEE: \$35.00 ***	
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED 97 AGENT OR BOTH FOR CORPORATIONS	Щ
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of FLOR IDA submits the following statement in order to change its registered office or registered agent, or both, it the State of Florida.  1. The name of the corporation is: IARKSIDE NOIGHDOR how ASSOCIA	ho.
2. The mailing address of the corporation is: 824 E. Fletcher Ave.  TAMPA, Fi- 33612	
3. Date of incorporation/qualification: 2/2/1992 Document number: N 47282	
4. The name and address of the current registered agent and office:	
BRITTON WM. ARCENE  8709 Hunters Green Prive  TAMPA, F1. 33674  5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)  PATRICIA LER NER  H20 W. PLATT ST  TAMPA, F1. 33606	
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.	
(Signature of an officer, chairman or vice chairman of the board)  (Date)	
William Can 15 (Printed or typed name and title)  6/30/97 (Date)	
Having been named as registered agent and to accept service of process for the above stated corporation, 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.  (Signature or Registered Agent)  (Date)	
(Typed or Printed Name) (Capacity)	