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SECRETARY OF STATE TALL ANASSEE OF ORIDA

0CT - 4 2013 T. CARTER

COVER LETTER

TO: Amendment Section Division of Corporations

Mission Estates Homeowners Association Inc.

Name of Corporation

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:

James M. Faix

Name of Contact Person

Polaris Property Management, Inc.

Firm/Company

8437 Tuttle Ave. #376

Address

Sarasota FL 34243

City/State and Zip Code

jim@polarismgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James M. Faix

Name of Contact Person

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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

* 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, ange is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.	this	
	the corporation: Mission Estates Homeowners Association Inc		
2. The principal	office address: 8437 Tuttle Ave. #376 a FL 34243		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 7-1-1997 Document number: N97000003	776	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	David Joyner		
	2213 Sonoma Drive		
	Nokomis FL 34275	13 S	SECO
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SEP 25	
	Polaris Property Management, Inc.	MM 11: 05	790 130
	8437 Tuttle Ave.		, ORII
	P.O Box NOT acceptable Sarasota FL 34243	O1	اران ح
	ess of its registered office and the street address of the business office of its register be identical.		nt,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	3	
Sharin	Flat SHANE PLATI The of an officer or director SHANE Printed or typed name and title		
Jamme	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 my duties, and I am familier with and accept the obligation of my position as regis is document is being filed merely to reflect a change in the registered office addres that the corporation has been notified in writing of this change. Majorial Company of the page of the	stered s, I	
	chalf of an entity:		,
Jame:	yped or Printed Name		

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