1970000 584

(Requestor's Name)	40015930692			
. (Address)				
(Address)	·			
(City/State/Zip/Phone #)	08/27/0901015002			
(Business Entity Name)	a sa sala a sa			
. (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	SECRETARY OF STATE TALLAHASSEE, FLORIDA			

Office Use Only



**35.00

COVER LETTER

Amendment Section Division of Corporations

TO:

_	<u></u>				
SUBJECT: La	ndsbrook Terrace Hom Name of C	leowners Associat	ion		
DOCUMENT NUME	BER: N97	000005844			
The enclosed Statemen	nt of Change of Registered Offic	ee/Agent and fee are subm	itted for filing.		
Please return all corres	spondence concerning this matte	r to the following:			
	Spencer Name of Co	Solomon intact Person			
Southwest Property Management Firm/Company					
P.O. Box 783367 Address					
	Winter Gard City/State a	en, FL 34778 nd Zip Code			
spencerswpm@yahoo.com E-mail address: (to be used for future annual report notification)					
For further information	n concerning this matter, please	call:	ď.		
	ncer Solomon of Contact Person	at (407) Area Code & Dayt	656-1081 ime Telephone Number		
Enclosed is a \$35.00 c	heck made payable to the Depar	tment of State.			
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment S Division of C Clifton Buildi 2661 Executiv	ection orporations		

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.050 ange is submitted for a corpord er to change its registered offic	ation organized	d under the laws of the Sta	te of Florida	
	the corporation: Landsbro			•	CMC.
	office address: 13350 W C			occidion 7	<i>/</i> -//
		Olomai Briv	c, canc ooc		
	arden, FL 34787	00-1	780017		
3. The mailing a	address (if different):	J. 60X Hr (1)	103301 arden, FL	34778	
4. Date of incorp	rporation/qualification: 10	/16/1997	Document number:	N97000005	5844
	d street address of the current rartment of State: (If resigned, en		t and registered office on t	ile with the	
	Spencer Solomon				
	14443 Prunning Wood	Place			
	Winter Garden, FL 347	'87			
6. The name and (if changed):	d street address of the new regi	istered agent (i	f changed) and /or register	red office	
	Spencer Solomon			TAS	2(
	13350 W. Colonial Driv	ve, Suite 330	0	ECRE	2009 AUG
	-	P.O. Box NOT acc	ceptable	TA HAS	<u>.</u>
	Winter Garden, FL 347	87		SEE SEE	27
The street address changed will	ress of its registered office and l be identical.	d the street add	dress of the business offic	e of its registered	and C
Such change was authorized by the	vas authorized by resolution di the board, or the corporation h	uly adopted by nas been notifi	y its board of directors or ed in writing of the chang	by an officer so	: 45
Signatu	ure of an officer or director		Jose Ocas	ia 8/7/09	
	t the appointment as registere to comply with the provisions and I am familiar with and accing filed merely to reflect a cluster notified in writing of the complex of the complex and the complex of the	ed agent and a s of all statute. ept the obliga hange in the ro his change.	•••		rmance ; if this hat the
D!-	The state of the s		8/7/0	9	
	gnature of Registered Agent ehalf of an entity:		Date		
	-, .				
T	Typed or Printed Name				