

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

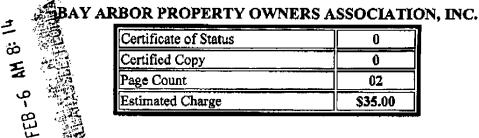
Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE



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FEB - 7 2012

T. BROWN

https://efile.sunbiz.org/scripts/efilcovr.exe

2/3/2012

CT CORPORATION

8626336092

67:91 2102/90/20

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

statement of ch	ange is submitted for a co	rporation organiza	607.1508, or 617.1508, Fla ed under the laws of the Sta	te of Plorida	
	TARE AN		ed agent, or both, in the State OWNERS ASSOCIATION,		
	me corbonations	····	., SUITE 216 TAMPA PL 3		 -
3. The mailing of DALLAS	address (if different); PO I	3OX 803555			
4. Date of incor	poration/qualification:	11/21/1997	Document number:	N97000006569	_
5. The name an Florida Depa	d street address of the curr riment of State: (If resign	rent registered age ed, enter resigned)	nt and registered office on f	lic with the	
	REALMANAGE LLC				
	4902 EISENHOWER BL	VD., SUITE 216			
	TAMPA FL 33634 US	· · · · · ·		2012 FEB	,,,44
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or register	ed office AHASS	ī
	C T Corporation System		_		į
	c/o C T Corporation System, 1200 South Pine Island Road				1
	Plantation, Florida 33324	P.O. Box NOT ac	coeptable	OF STATE FLORIDE	
The street address changed will	ass of its registered office	e and the street ad	dress of the business office	o of its registered agent,	
-			y its board of directors or ited in writing of the chang		
Link	De Barott		Kimberly Bagge	tt, Secretary	
	क्त का का का व्यक्ति	-	Printed or typed man		
l hereby accept I further agree of my dulles, an document is bei corporation has	the appointment as regi- to comply with the provi id I am familiar with and ing filed merely to reflect i been notified in writing	stered agent and a sions of all statute I accept the obliga t a change in the r of this change.	igree to act in this capacit s relative to the proper an ition of my position as regi egistered office address, I	y. d complete performance istered agent. Or, if this nereby confirm that the	
ву: СТ	Company of the Company		2/2/201	!2	
3	name of Registered Agent	J	Date		
If signing on be	half of an entity:				
Kimberly	Baggett, Assistant Secreta	гу			
Ţ	yped or Printed Name				
	* *	* FILING FEE:	\$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

FL006 - 07/33/2809 C T System Outline