N99000003236

(Re	equestor's Name)				
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(Cid	ty/State/Zip/Phone	·			
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge

C. Coulliotte FEB 0 7 2007

COVER LETTER

Division of Corporations						
SUBJECT: CYINESS SPILINGS ESTATES HAA (Name of Corporation)	INC					
DOCUMENT NUMBER: N990000 3236						
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the follow	_					
rease return an correspondence concerning this matter to the follow	ring.					
(Name of Contact Person)						
(Name of Contact Person)						
COMMUNITY MANAGEMENT SPECIALISTS, INC (Firm/Company)						
1750 WEST BROADWAY STREET, STE. 118 (Address)						
(Address)						
OVIEDO, FL 32765 (City/State and Zip Code)						
For further information concerning this matter, please call:						
Kevin Davis (Name of Contact Person) at (407)	2 3597202 Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Str Amendment Section An	reet Address: nendment Section					
	vision of Corporations					
	ifton Building					
· ·	61 Executive Center Circle					
l a	HANACCAA LI XIXIII					

TO:

Amendment Section

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

statement of change is	sions of sections 607.0502, 61's submitted for a corporation of hange its registered office or r	organized under the la	ws of the State of	FL	
The name of the co The principal office	moration: CYPRESS S	SPRINGS 6. TBRIADWAY FR 32765	STATES Hom	eawners As	JOCiatio In
3. The mailing addres	·				
4. Date of incorporation	on/qualification: 5/20/	799 Document	number: N99	00,000 3,2	36
	t address of the current registe	·		the Cr	 .
•	NE, RESIGNE	D JAMES	HART	EB -5 AM 8: 56 REJARY OF STATE AHASSEE, FLORIDA	FILED
6. The name and stree (if changed):	t address of the new registered	l agent (if changed) ar	nd /or registered office		
<u>KE</u> 17	VIN M. DAVIS, 250 W. BROADW (P.O. BOX NOT acox VIEDO, Fr	COMMUNI; MY STREE: ptable) 32765	ту м6MT.	SPECIAL.	157-5, _I N
The street address of as changed will be id	its registered office and the s	treet address of the b	usiness office of its	registered agent	,
Such change was aut authorized by the book	portized by resolution duly ad and or the corporation has be				
I hereby accept the a I further agree to con of my duties, and I an document is being file corporation has been	Pollicer of director) Oppointment as registered age uply with the provisions of all if familiar with and accept the difference of the change notified in writing of this cha-	•	ntled or typed name and till n this capacity he proper and comp sition as registered ce address, I hereby		e s
1600000		12/	10/06		
(Signature If signing on behalf of	of Registered Agent) f an entity:	,	(Date)		
(Typed or	Printed Name)				

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

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