## N94000000542



SPACE COAST DIVISION 2955 Pineda Causeway Suite 117 Melbourne, FL 32940 e#

Office Use Only

UMENT NUMBER(S), (if known):

1	(Corporation Name)	(Doc	ument #)
	(Corporation Name)	(Doc	ument #)
3	(Corporation Name)	(Doc	eument #)
4	(Corporation Name)	(Doc	ument #)
☐ Walk in	Pick up time		Certified Copy
Mail out	☐ Will wait	Photocopy	Certificate of Status
NEW FILINGS	AMEND	MENUS	

NEW FILINGS	- FE
Profit	L
NonProfit	
Limited Liability	
Domestication	L
Other	

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	AMENDMENTS
L	Amendment
	Resignation of R.A., Officer/Director
	Cl.ange of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHERFILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

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SH ZU	E, FLORIDA	PH 12: 09	ED
	7. r.	9	

Examiner's Initials

## Florida Department of State, Sandra B. Mortham, Secretary of State

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

	provisions of section poration organized u	•	-	•	3, Florida S	Statute	es, the
submits the follo	wing statement in c	_	·		d agent, or	both,	in the
State of Florida.							
1. The name of t	he corporation is: _	COPPERFIELD	PROPERTY OWNE	RS ASSOCIAT	ION, INC.		
2. The mailing a	ddress of the corpor	ation is : _ 2955	PINEDA CAUSEW	AY, #117 N	ielbourne	, FI.	32940
	oration/qualification address of the curre JAMES W. HART ZSENTRY MANAGE	ent registered age			<u>N9400000</u>	0542 つ	<u>(0)</u>
•		TE ROAD 434,				7 F 🗆	
	LONGWOOD, FL				- Hiksi	3 24	FILED
5. The name and	address of the new	registered agent	and office: (P.O.)	Box Not Acce	eptable)	FEB 24 PH 12: 09	ED
	MORRIS J. WAT	SKY			— B	60	
	700 NW 107TH	AV	· · · · · · · · · · · · · · · · · · ·		<del></del>		
	MIAMI, FL 33	172	······································				
_	ss of its registered of d, will be identical.						
Such change was authorized by the	s authorized by resole board.	lution duly adopte	ed by its board of	directors or b	y an officer	r so	
$\bigcirc$	w Wh	bucka		1-27-97			
(Signature of en offic	er, chairman or vice cha	irman of the board)		(Date)			
JODY A.	MRKVICKA, PRESI	DENT (Printed or type	name and title)				
Having been nam I hereby accept to comply with the and I am familia	ned as registered ag he appointment as i provisions of all sta ir with and accept th		•	ss for the abo n this capacity mplete perfori istered agent.	ve stated co y. I further mance of m	orpora · ägree ıy duti	ation, e to ies,
(Signature	Registered Agent)	·	2/1	2 9 7 (Date)	<del></del> -		
If signing on bel	nalf of an entity:						
(Typed or	Printed Name)		·	(Capacity)			

CR2E045(1/95)

FILING FEE: \$35.00