

N0000000000663

LELAND MANAGEMENT, INC
8009 S. ORANGE AVE.
ORLANDO, FL 32803-6711

#131

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

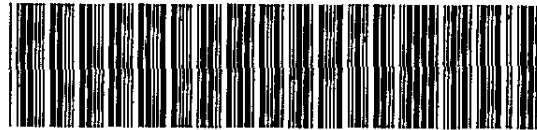
(Business Entity Name)

(Document Number)

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RA [Signature] 3-9-06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Northlake Park at Lake Nona
2. The principal office address: 8009 S. Orange Avenue COA, Inc.
Orlando, FL 32809-6711
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/27/2000 Document number: N0000000000663

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sentry Management, Inc.
2180 West SR 434, Suite 500
Longwood, FL 32779

CLERK OF STATE
TALLAHASSEE, FLORIDA

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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Leland Management, Inc.
8009 S. Orange Avenue
(P.O. Box or personal mailbox NOT acceptable)
Orlando, FL 32809-6711

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

WREN TURPIN - S/T
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

3/1/06
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314