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Service of the servic

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: R	ybolt's Reserve Homeowne (Name of Co	
DOCUMENT NUM	MBER: N01000000481	•
		e/Agent and fee are submitted for filing.
	respondence concerning this matter	
_	Kevin D	
	(Name of Cor	ntact Person)
	Community Managen	nent Specialists, Inc.
	(Firm/Co	
	1750 West Broadw	ay Street Suite 220
	(Add	ress)
	Oviedo, FL	. 32765
	(City/State ar	id Zip Code)
For further informat	ion concerning this matter, please o	eall:
	Kevin Davis	at (407) 359-7202
(Nar	ne of Contact Person)	at (407) 359-7202 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00	O check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Taliahassee Fl 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

•	•	2502, 607.1508, or 617.1508, Florida Statutes, this
		ganized under the laws of the State of FLORIDA
in oraei	r to cnange its registerea office or reg	istered agent, or both, in the State of Florida.
1. The name of the	he corporation: Rybolt's Reserve Hor	neowners Association, Inc.
2. The principal	office address: 1750 West Broadway	Street Suite #220 Oviedo, FL 32765
3. The mailing a	ddress (if different): P.O. Box 62036	8 Oviedo, FL 32762
4. Date of incorp	oration/qualification: 01-22-	Ol
	street address of the current registere trnent of State:	d agent and registered office on file with the
	Community Manager	ment Professional, Inc
	5401 S. Kirkman Road Suite 450	
	Orlando, I	-L 32819 ASS
6. The name and (if changed):	street address of the new registered a	gent (if changed) and /or registered office P
	Community Managem	ent Specialists, Inc.
	1750 West Broadway	Street Suite 220
	(P.O. Box NOT accept	
	Oviedo, FL	32765
The street addre	ess of its registered office and the str be identical.	eet address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly ado the board, or the corporation has been	oted by its board of directors or by an officer so inotified in writing of the change.
Mon (Signatu	u E final re of an office por director)	Rhonda Parnell (Printed or typed name and title)
		and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the tige.
1000	WH THE	06/14/2007
(Sig	gnature of Registered Agent)	(Date)
If signing on be	half of an entity:	
KEVIN	DAVIS, ECAN	
	(vped or Printed Name)	

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