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Banyan Trails POA C/o M&M Property Management 7401 Wiles Rd, Suite 104 Coral Springs, FL 33067		
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(Address)		
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(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
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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
1. The name of the corporation: Bany An Trails Property Ownes Association In 2. The principal office address:
Coral Springs Pl 33067
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/21/99 Document number: 19900006274
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
mattogramy Services, Inc.
21 SE STH ST, Soite 100 PM 9
Boco Raton, Floriba 33432 ARR & TI
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
M&M Projecty MAMACEMENT LES
7401 wiles Rome # 104
Coral Springs, TL 33067
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 of an officer or director) (Signature of an officer or director) (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 of Registered Agent) 8/26/07 (Date)
If signing on behalf of an entity:
Brenda Moskowiiz (Typed or Printed Name)

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

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