## N9900005390

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cil	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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DIVISION OF AUG 27 PH 3: 40

## **COVER LETTER**

Division of Corporations				
SUBJECT: Brookestone Property Name of	Owners Association Corporation			
	900005390			
The enclosed Statement of Change of Registered Off				
	•			
Please return all correspondence concerning this mat	ter to the following:			
Spence	er Solomon			
Spencer Solomon Name of Contact Person				
Southwest Property Management				
rimi/	Company			
D.O. Br	ov 702267			
	ox 783367 Idress			
•				
Winter Garden, FL 34778				
City/State and Zip Code				
spencerswon	n@vahoo com			
spencerswpm@yahoo.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please	e call:			
Spangar Salaman	407			
Spencer Solomon  Name of Contact Person	at ( 407 ) 656-1081 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depa				
Enclosed to a doction of made payable to the Bept	author of State.			
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle			
1 anana5500, 1 L 52514	Tallahassee, FL 32301			

TO:

Amendment Section

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the Stat	e of Florida
1. The name of	the corporation: Brookestone Pro	perty Owners Associ	ation, INC.
	l office address: 13350 W Colonial E		
	arden, FL 34787	·	
3. The mailing a	address (if different): PO BOX	783367	
	Winter Garden F	L 34778	
4. Date of incor	rporation/qualification: 9/9/1999	Document number:	N990000005390
	d street address of the current registered artment of State: (If resigned, enter resign		ile with the
	Spencer Solomon		<u> </u>
	14443 Prunning Wood Place		99
	Winter Garden, FL 34787		No.
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or register	OP AUG 27 PH 3: 41  ed office
	Spencer Solomon		PH 3: H
	13350 W Colonial Dr. Suite 330		
		OT acceptable	
	Winter Garden, FL 34787		
The street address changed will	ress of its registered office and the stree II be identical.	t address of the business offic	e of its registered agent,
Such change w authorized by t	vas authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or optified in writing of the chang	by an officer so ge.
Forks	ure of an officer or director	Butch Ellerbe	e 8/5/2009
	the appointment as registered agent a to comply with the provisions of all stand I am familiate out the observation of the observation filed merely to reflect a change in the begin notified in writing of this change.	1	4
		8/5/20	009
Sig	gnafure of Registered Agent	Date	
If signing on be	ehalf of an entity:		
7	Typed or Printed Name		

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