## N97000005051

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<del></del>
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	

Office Use Only



300248396613

Charge

06/17/13--01028--005 \*\*35.00

FILED
218 JUN 17 AM 8: 27
8EURLINARY OF STATE
MALLINARSSEE, FLORID.

(20 | 13

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: BRANDY CREEK HOMEOWNER ASSOCIATION INC.

Name of Corporation

DOCUMENT NUMBER: N97000005051

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAULA E. BUTLER

Name of Contact Person

PALMERSTON LLC D/B/A EPM SERVICES

Firm/Company

5200 VINELAND RD SUITE 210

Address

ORLANDO, FL 32811

City/State and Zip Code

RAK.SHARMA@EPMSERVICES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA BUTLER

,407 \

529-3357

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Street Address:** 

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of change	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of FLORIDA change its registered office or registered agent, or both, in the State of Florida.
1. The name of the c	orporation: BRANDY CREEK HOMEOWNERS ASSOCIATION INC.
2. The principal office	ce address: 5200 VINELAND RD SUITE 210, ORLANDO, FL 32811
3. The mailing addre	ess (if different):
4. Date of incorporat	tion/qualification: 09/08/1997 Document number: N9700005051
	net address of the current registered agent and registered office on file with the not of State: (If resigned, enter resigned)
PF	REMIER COMMUNITY MANAGERS - RESIGNED
12	50 BELLE AVE SUITE 101
W	NTER SPRINGS, FL 32708
6. The name and stre (if changed):	eet address of the new registered agent (if changed) and /or registered office
<u>P</u> A	ALMERSTON LLC D/B/A EPM SERVICES
52	00 VINELAND RD SUITE 210
OF	P.O. Box NOT acceptable RLANDO, FL 32811
The street address o as changed will be in	f its registered office and the street address of the business office of its registered agent, dentical.
	thorized by resolution duly adopted by its board of directors or by an officer so pard, or the corporation has been notified in writing of the change.
Signature of a	in officer or director  This is a state of the state of t
I hereby accept the a I further agree to co performance of my a agent. Or, if this do hereby confirm that	appointment as registered agent and agree to act in this capacity. Imply with the provisions of all statutes relative to the proper and complete Indies, and I am familiar with and accept the obligation of my position as registered cument is being filed merely to reflect a change in the registered office address, I the corporation has been notified in writing of this change.
Signature	6-7-13 Of Registered Agent Date
If signing on behalf	of an entity:
RAKESH SHA	
Typed o	* * * FILING FEE: \$35.00 * * *