TRANSMITTAL LETTER

Amendment Section TO: Division of Corporations

SUBJECT: Rolling Hills G.C., Inc. (Name of corporation)	
DOCUMENT NUMBER: 220463	
The enclosed Statement of Change of Registered Office/Agent and t	fee are submitted for filing.
Please return all correspondence concerning this matter to the follow	ving:
Poto Maulhoo Dros	
Pete Taulbee, Pres. (Name of person)	4 *
Rolling Hills G.C. Inc. (Name of firm/company)	
(Name of firm/company)	
1749 Art Hagan Place	8000076571183 -09/11/0201014004
(Address)	-89/11/0201814004 *****35.00 *****35.00

Longwood, FL 32750 (City/state and zip code)	
· · · · · · · · · · · · · · · · · · ·	
For further information concerning this matter, please call:	
Karen Coto at (407) 834	6010
(Name of person) (Area code & dayting	me 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
409 E. Gaines Street
Tallahassee, FL 32399



CR2E045(07/02)

T BROWN SEP 1 8 2002

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

this statement of	provisions of sections 607.0502, 61 change is submitted for a corporation	m organized under the laws of t	he State of
Florida	ain order to change its register	ed office or registered agent, o	r boin, in the state
of Florida.			
	he corporation: Rolling Hi		
2. The principal	office address: 1749 Art H	agan Place	
	Longwood,	FL 32750	
3. The mailing ac	ddress (if different):		
	poration/qualification:		
5. The name and Florida Depart	I street address of the current register treet and state:	ed agent and registered office o	n file with the
	Sarah Walter, Secre	tary	— PS 73
	433 Wilford		- 55
	Longwood, FL 32750		- 35° -
6. The name an changed):	nd street address of the new register	red agent (if changed) and /or	registered office (if
_		ilbox NOT acceptable)	
_	(P.O. Box or personal ma	ilbox NOT acceptable)	
_	Orlando, FL 32803		
The street address agent, as change	ess of its registered office and the sted will be identical.	reet address of the business off	ice of its registered
Such change wa authorized by th	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors of notified in writing of the char	r by an officer so
(Signature of an officer	i, chairman or vice chairman of the board)	(Printed or typed name and tit	le)
I hereby accept I further agree performance of registered agen office address,	t the appointment as registered ager to comply with the provisions of all f my duties, and I am familiar with of at. Or, if this document is being file. I hereby confirm that the corporation	nt and agree to act in this capac statutes relative to the proper and accept the obligation of my d merely to reflect a change in on has been notified in writing	city. and complete position as the registered of this change.
*	Signature of Registered Agent)	(Hare)	
If signing on behal	If of an entity: Solution	GENEAUL (Capacity)	MANACEL

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