7/50/0

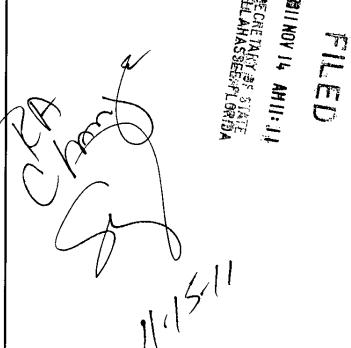
| (Requestor's Name) | - |
|---|---|
| (Address) | - |
| (Address) | - |
| (City/State/Zip/Phone #) | - |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | - |
| (Document Number) | - |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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COVER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

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TO:

Amendment Section Division of Corporations

| | Name | of Corporation | |
|-------------------------|---|---|------------------------|
| DOCUMENT NUMI | BER: | 715010 | |
| The enclosed Stateme | nt of Change of Registered C | Office/Agent and fee are su | bmitted for filing. |
| Please return all corre | spondence concerning this m | atter to the following: | - |
| _ | Matthey Name of | v Zifrony, Esq. Contact Person | |
| _ | Tripp Firr | Scott, P.A. | |
| _ | | Street,15th Floor | |
| | • | radicss , | |
| | Fort Lauderd City/Sta | dale, Florida 33301 te and Zip Code | |
| | kak@tri mail address: (to be used f | ppscott.com or future annual report n | otification) |
| For further information | n concerning this matter, plea | ase call: | |
| K | aren Bader | at (<u>954</u>) Area Code & D | 627-3717 |
| Name | of Contact Person | Area Code & D | aytime Telephone Numbe |
| Enclosed is a \$35.00 c | heck made payable to the De | partment of State. | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 | Street Addr Amendmen Division of Clifton Bui | Corporations |

Tallahassee, FL 32301

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta inge is submitted for a corporation organized under the laws of the State of Flo ir to change its registered office or registered agent, or both, in the State of Flor | orida |
|---|---|--|
| | the corporation: Leisureville Fairway Seven Association, Inc. | |
| | 401 South Colf Royleyard | |
| | | |
| <u> </u> | | |
| 3. The manning a | ddress (if different): | |
| 4. Date of incorp | poration/qualification: 7/25/68 Document number: | 715010 |
| | street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned) | the |
| | Becker & Poliakoff, P.A. | |
| | 2255 Glades Road, Suite 300E | |
| | Boca Raton, Florida 33431 | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office | ECRETARY IL |
| | Tripp Scott, P.A. | L And |
| | 440.05.00.01.4.450.50 | |
| | P.O. Box NOT acceptable | |
| | Fort Lauderdale, Florida 33301 | が一三 |
| The street addre | ss of its registered office and the street address of the business office of its r be identical. | egistered agent. |
| Such change wa authorized by th | s authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change. | ficer so |
| Sally III | M. Marshall Sally M. Marshall e of an officer of director Printed or typed name and title | Treas. |
| I further agrée to of my duties, and document is beir | the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered and filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change. | lete performance agent. Or, if this confirm that the |
| Sign | auture of Registered Agent Date | |
| If signing on bel | · | |
| Matthey | DZ. Funy, 66Q. | |

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