721191

. (Requestor's Name)
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8/23/10

COVER LETTER

SUBJECT:	Crown Oaks, INC Name of Corporati			
	•			
DOCUMENT NUMBER:	72119	11		
The enclosed Statement of Cha	ange of Registered Office/Agent	and fee are submitted for filing.		
Please return all correspondence	ce concerning this matter to the f	following:		
Stephen Klosterman				
	Name of Contact Per	rson		
	CDI/ Basidantial Com			
SRK Residential Communities Firm/Company				
6220 S. Orange Blossom Trail, Suite 105				
Address				
Orlando, FL 32809 City/State and Zip Code				
City/state and Zip Code				
stephen@srkresidentialcommunities.com				
E-mail address: (to be used for future annual report notification)				
For further information concer	ming this matter, please call:			
Stephen Klo	osterman at (407) 992-8808	3	
Name of Conta	ict Person A	407) 992-8808 Area Code & Daytime Telephone I	Number	
Enclosed is a \$35.00 check made payable to the Department of State.				
	to payable to the Department of			
<u>Maili</u>	ng Address:	Street Address:		
Amer	ndment Section	Amendment Section		
	sion of Corporations	Division of Corporations		
	Box 6327	Clifton Building	_	
rana	hassee, FL 32314	2661 Executive Center Circl Tallahassee, FL 32301	C	

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TO: Amendment Section
Division of Corporations

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 hange is submitted for a corporation organized under the laws of the State of Florida		
in order to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of the corporation: Crown Oaks, INC.		
2. The principal office address: 6220 S. Orange Blossom Trail, Suite 105		
Orlando, FL 32809		
3. The mailing address (if different): Same As Above		
4. Date of incorporation/qualification: 6/18/1970 Document number: 721191		
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)		
Specialty Management		
882 Jackson Ave		
Winter Park, FL 32789 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
882 Jackson Ave Winter Park, FL 32789 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
SRK Residential Communities		
6220 S. Orange Blossom Trail, Suite 105		
P.O. Box NOT acceptable Orlando, FL 32809		
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 of director Signature of an officer of 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 Date		
If signing on behalf of an entity:		
Stephen Klosterman Typed or Printed Name		

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