721278

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C. Goutliette JUN 1 1 2007

COVER LETTER

Division of Corporations
SUBJECT: BRISTOL NORTH ASSCOCIATION INC.
DOCUMENT NUMBER: 721278
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:
PATRICK WHEELER (Name of Contact Person)
BRISTOL NORTH ASSOCIATION, INC.
P.O. Box 985
(Address)
VENICE FL 34284 (City/State and Zip Code)
For further information concerning this matter, please call:
PATRICK WHEEL at (94) 42-1026 (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

TO:

Amendment Section

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

		07.0502, 617.0502, 60					
	ge is submitted for a co to change its registered						
	Õ o.		_	_		INC	
1. The name of the		STOL NOR	_				· -
2. The principal of	ffice address: <u> 名に</u>	5 N. K	ARK	Brace		NIT 1:	24
	VENICE		_	342	15		_
3. The mailing add	dress (if different):	<u> P. O. B</u>	0X	985			_
	ENICE	FL		34284			.
4. Date of incorpo	ration/qualification:	1971	Document no	umber:	2127	8 .	_
5. The name and s Florida Departn	street address of the cur ment of State:	rrent registered agent a	and registered	office on file wi	th the		
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	4195	S. TA	MIA	MI T	RAIL	PMP1	73
_			1	3429			
_	VER	HICE F	<u> </u>	2461	_5		
6. The name and s (if changed):	street address of the new	w registered agent (if o	changed) and	or registered of	fice		
	VATRICK	WHEE	CER	-	_		
2	10 N. P	PARK BL	ND	UNIT	- 12	4	
	(P.O.	. Box NOT acceptable)		210	20		
-	VEN	ICE	<u> </u>	342	- 80		
	s of its registered office e identical.					agent,	
Such change was authorized by the	authorized by resolut board, or the corpora	ion duly adopted by i	its board of d I in writing o	irectors or by and the change.	officer so		
bruki	to the man	-			'	X	
(- ·B-····	of an officer or offector		(Print	ed or typed name and	title)		
I hereby accept th I further agree to of my duties, and document is being	ne appointment as reg comply with the prov I am familiar with an g filed merely to reflect	istered agent and agr isions of all statutes r d accept the obligation ct a change in the reg	ree to act in t relative to the on of my posi istered office	his capacity. e proper and cor tion as registere e address, I here	nplete perfor d agent. Or by confirm t	rmanas if this hat the	-
corporation has b	séen notified in writing	g of this change.		•		hadias si	.
Valvice (Simulation	ature of Registered Agent)		4	JUNE	500	177	ESE SE
If signing on beha	• •			(Date)		AM 9: 0	0) 45.
	lo RTH ASSCI	<u>OCI A</u> TIDIL	INC			52 8D;	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)