## 724498

(Requestor's Name)	
(Address)	· · · · · ·
(12.12.5)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
(Bodument Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



200110826232

PAOLANGE

10/19/07--01009--012 \*\*35.00 /



POR 10/23/07

## COVER LETTER

Amendment Section Division of Corporations

, TO:

SUBJECT: Sheoah Highlands Three, Inc.		
(Name of Co	orporation)	
DOCUMENT NUMBER: 726498		
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:	
Karen Paine Malcolm		
(Name of Con	tact Person)	
Paine-Anderson Properties, Inc. (Firm/Company)		
(Fillipeo	inpairy)	
P. O. Box 195771		
(Addr	ress)	
Winter Springs, FL 32719-5771		
(City/State and Zip Code)		
For further information concerning this matter, please c	all:	
Karen Paine Malcolm	at ( 407 ) 695-7898	
(Name of Contact Person)	at (407 ) 695-7898 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Depart	ment of State.	
<u>Mailing Address:</u> Amendment Section	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
, ,	Tallahassee, FL 32301	

## 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 change 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: Sheoah Highlands Three, Inc.
2. The principal office address: 680 W. SR-434, Suite 101
3. The mailing address (if different): P. O. Box 195771  Winter Springs, FL 32719-5771
4. Date of incorporation/qualification: 5/24/1973 Document number: 726498
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
c/o Paine-Anderson Properties, Inc.
620 Nighthawk Cir.
Winter Springs, FL 32708
Florida Department of State:  c/o Paine-Anderson Properties, Inc.  620 Nighthawk Cir.  Winter Springs, FL 32708  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Paine-Anderson Properties, Inc.
Paine-Anderson Properties, Inc.
680 W. SR-434, Suite 101
(P.O. Box NOT acceptable)
Winter Springs, FL 32708
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.
Handa R. Wheeler, Fresident (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)
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
KAREN PAINE MALCOLM (Typed or Printed Name)

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