## 727672

	(Re	questor's Name	<del>)</del> )	
	(Ad	dress)		<u>-</u>
	(Ad	dress)		
	(Cit	y/State/Zip/Pho	ne #)	
. PICH	(-UP	☐ WAIT		MAIL
,	(Bu:	siness Entity N	ame)	•
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Certified Copies _		Certificat	es of Statu	ıs
Special Instruct	ions to l	Filing Officer:		

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SECRETARY OF ST TALLAHASSEE, FLO

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Drange Tree Village Cordo Associa Kon 2
DOCUMENT NUMBER: 72762 727672
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:
Sean Folgy Name of Contact Person
Name of Contact Person
Floride Community Projects Management, 4C
8141 St Ave N Address
51. Pekisburg Fr 33709 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sean Foliay at (866) 253-3308 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

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

statement of chang	ovisions of sections 60 ge is submitted for a co	orporation organiz	ed under the la	rws of the State o	of	-
	o change its registered		<del>-</del>	=		
1. The name of the	corporation: 8/9	ange Tree	Village	Condom.	inium, Inc	<u>. No.</u>
2. The principal of	fice address: 8/4	1545	Ave N			<del></del>
·	57. P	etrs burg,	FZ 3.	709		
3. The mailing add	lress (if different):				<del></del>	
4. Date of incorpor	ration/qualification:	10/8/1973	<b>3</b> Document	number: 72	27672	····
	treet address of the cur ent of State: (If resign			ed office on file	with the	
_	Reth	Palmer	- Pr	party Fire	5 <u>/</u>	
	221 4	Jalton A	toth D	r	-1 2	
_	Or Dan	Do, F 32	828		ALLY ALLY	$\neg$
6. The name and st (if changed):	reet address of the nev				ZOOS SEP 14 SECRETARY TALLAHASSE	
		FORM	Inc.	·	PM L	O
· <del></del>	8141 9	1th Ave 1	V		FAIL OS	
	8141 9, 51. Pet	rsburg,	FZ 33	09		
The street address as changed will be	of its registered office identical.	•			f its registered agen	t,
	authorized by resoluti board, or the corporat					
Sheil	a J Schwai an officer or director	ck	Sheild	J. Schwatted or typed name and	ack, Preside	ent
, •	e appointment as regi comply with the provi am familiar with and filed merely to reflec een notified in writing	stered agent and sions of all statute decept the obligate a change in the statute of this change.				ce is ie
,				7-9-09		
Signatu	re of Registered Agent	<del></del>		Date		•
If signing on behal	If of an entity:					
SEAJ A	1. 60cg				•	
Type	or Printed Name					

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

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