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Division of Corporations

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Account Number : FCA000000023 : (850)222-1092 Phone

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REGISTERED AGENT CHANGE

CLEARWATER KEY ASSOCIATION-BAYSIDE GARDENS NORTH

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CT CORPORATION

2609889998

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

statement of cha	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Florida S d under the laws of the State of <u>]</u> d agent, or both, in the State of F	Plorida
			CIATION-BAYSIDE GARDENS	
			., SUITE 216 TAMPA FL 33634	
3. The mailing a	address (if different):	· · · · · · · · · · · · · · · · · · ·		
4. Date of incor	poration/qualification:	07/15/1974	Document number:	730202
	d street address of the curr rement of State: (If resigne		nt and registered office on file wi	th the
	REALMANAGE LLC			_
	4902 BISENHOWER BL	VD., SUITE 216		
	TAMPA FL 33634 US			12 FEB
6. The name and (if changed):	i street address of the new	registered agent (if changed) and /or registered off	6 8
	C T Corporation System			RPORALI
	c/o C T Corporation Syste	m, 1200 South Pin	e Island Road	5 E
		P.O. Box NOT ≈	xeptable	មា ដ
	Plantation, Florida 33324			_
The street address changed will	ess of its registered office be identical.	and the street ad	dress of the business office of it	s registered agent,
Such change we authorized by the	as authorized by resolution he board, or the corporati	on duly adopted b ion has been notif	y its board of directors or by an ied in writing of the change.	officer 90
× ento	Kimberly Baggett, Secretary			
Signatu	re or an orthographic (Arthographic		Printed or typed name and to	
I hereby accept I further agree of my duties, ar document is be- corporation ha	the appointment as regi to comply with the provi nd I and famillar with and ing filed merely to reflect s been notified in writing	stered agent and i sions of all statute l accept the obliga t a change in the i of this change.	agree to act in this capacity. Is relative to the proper and con ution of my position as registere registered office address, I here	nplete performance d agent. Or, if this by confirm that the
By:	Corporation System	ve to	2/2/2012	
- Os	multip of Registrad Agant	0	Date	
If signing on be	chalf of an entity:			
	Baggett, Assistant Secreta	гу		
1	'yped or Printed Name	* * FILING FEE	. \$25 AA * *	
	MAKE CHECKS P	AVABLE TO FLOR	IDA DEPARTMENT OF STATE	
CB3B045 (BIO5)	(AIL TO: DIVISION OF CO	rporations, P.O	Box 6327, Tallahassee, FL	32314

FL064 - 67/23/2009 C T System Online