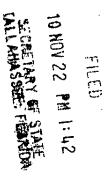
73044

(Re	equestor's Name)
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PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer: 15# T4412
	Office Use Only



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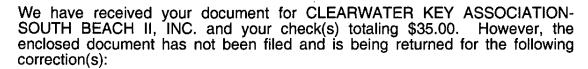
FLORIDA DEPARTMENT OF STATE Division of Corporations

November 8, 2010

CLEARWATER KEY SOUTH BEACH II C/O CMC, INC. 4585 140TH AVENUE N, SUITE 1012 CLEARWATER, FL 33762

SUBJECT: CLEARWATER KEY ASSOCIATION-SOUTH BEACH II, INC.

Ref. Number: 731044



The current name of the entity is as referenced above. Please correct your document accordingly.

THE NAME OF THE CORPORATION MUST BE EXACT. WE MUST CHANGE THE CORRECT CORPORATION. THE CORRECT AGENT ON RECORD FOR THIS CORPORATION SHOULD BE REFLECTED ON #5 OF THE FORM AND MUST MATCH OUR RECORDS. THE ENCLOSED PRINT-OUT SHOWS THE INFORMATION ON THE RECORDS OF THE DIVISION OF CORPORATIONS. PLEASER CORRECT YOUR FORM IN NAME AND REGISTERED ASGENT SO THAT IT MATCHES THE PRINT-OUT.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 110A00026014



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS ursuant 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 ___ in order to change its registered office or registered agent, or both, in the State of Florida. CLEARWATER KEY ASSOCIATION - SOUTH BEACH II INC. 1. The name of the corporation: 2. The principal office address: 3. The mailing address (if different): 4. Date of incorporation/qualification: Document number: _ 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) 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Community Management Concepts, Inc. 4585 140th Avenue North, 8048-1912 Clearwater, Florida 33762 The street address of its registered office and the street address of the business office of its registered as changed will be identical. was authorized by resolution duly adopted by its board of directors or by an officer set by the board, on the corporation has been notified in writing of the change. 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. If signing on behalf of an entity: Typed 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 * * *