## 731888

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer								
Special Instructions to Filing Officer:								
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Office Use Only



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09/06/07--01008--019 \*\*35.00

07 SEP -6 AHII: 19
SECRETARY OF STATE
TALL AHASSEF, FLORIDA

APPROVED AND FILED

RA. Change

C. Coufflette SEP 1 2 2007

## **COVER LETTER**

TO: Am Div	endment Section ision of Corporations
SUBJECT:	(Name of Corporation)
	NT NUMBER: 73 (888
The enclose	ed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please retur	n all correspondence concerning this matter to the following:
	Name of Contact Person)
	(Firm/Company)
	(Firm/Company)
	1249 STONY BROOK LANE (Address)
	(City/State and Zip Code)
For further i	information concerning this matter, please call:
_ D 01	(Name of Contact Person) at (727) 572-2166 (Area Code & Daytime Telephone Number)
Enclosed is	a \$35.00 check made payable to the Department of State

3.6-99--- A.J.J......

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 char	provisions of section nge is submitted for to change its regis	r a corporat	ion organize	d under the i	laws of the S	State of	CORIDA	4
1. The name of the	ne corporation:	RANCH	OUCH	ESTATE	S (40n	(FOUND)	Assoc	(70
2. The principal of	office address:	Oura (549	STONY Jul F	BROOK 3				
3. The mailing ac	ldress (if different)							
4. Date of incorp	oration/qualification	on: 2-i	8-75	Documen	nt number: _	73186	98	
5. The name and Florida Depart	street address of the ment of State:	e current re	gistered ager	nt and registe	ered office o	n file with the		
	10	NI F	ENDER					
	130	o7 R.	ANCHW	000	DR E	•		
		こののこと	J FL	. 34	698		SECF TALL!	07 SI
6. The name and (if changed):	street address of th	_		_	and /or regis	tered office	RETARY O	P-6 AM
			D (< E)				F SI	=
		249 (P.O. Box NO	STONY Tacceptable)	BKOD	K CA	<u> </u>	REFE	Je e
		DUNE		-L 3		<u>.</u>	.⊅	
The street address as changed will l	ss of its registered be identical.	office and	the street add	dress of the	business of	fice of its regi	stered agent	,
Such change was authorized by the	s authorized by rese e board, or the cor	solution dul poration ha						
(Signatur	e of an officer or directo	r)		DONAL	O (CERR Printed or typed	- PRESCO (	au T	
I hereby accept t I further agree to of my duties, and document is bein corporation has	the appointment as o comply with the d I am familiar wii ng filed merely to n been notified in w	s registered provisions of th and accepted reflect a char triting of thi	agent and a of all statute ot the obliga inge in the r is change.	igree to act s relative to ition of my p egistered of	in this capa the proper position as r fice address	city. and complete egistered agei s, I hereby con	performanc nt. Or, if thi firm that the	e S S
14	<u> </u>			<u> </u>	7-29-1	٥7		
` •	nature of Registered Age	nt)			(Date	<del>:</del> )		
If signing on beh								
DONALD	yped or Printed Name)							

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