736442

Continuos Landing
LELAND
MANAGEMENT
1633 E. Vine Street
Suite 110
Kissimmee, Florida 34744
(Address)
(City/State/Zip/Phone #)
, , ,
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Dosamone Hambor)
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RA (BO) Change (a) 19/02



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ECURETARY OF STATE
TALLAHASSEE, FLORIDA

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,	
the undersigned corporation organized under the laws of the State of FLORIDA	
submits the following statement in order to change its registered office or registered agent, or both, in	
the State of Florida.	
1. The name of the corporation is: HAPPY / RAILS	
PROPERTY OWNERS ASSOCIATION,	A
2. The mailing address of the corporation is: C/O LELAND MANAGEMENT	-
1633 E. VINE STREET, SLUTE 110, KASSIMMER, FL 3.	4
3. Date of incorporation/qualification: 07-23-1976 Document number: 736442	
4. The name and address of the current registered agent and office:	
JOSEPH A. LANE	
215 NORTH EOLA DRIVE	
ORLANDO FL 32801	
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)	
LELAND MANAGEMENT, INC.	
1633 E. VINE STREET, SUITE 116	
Kissimmer, FL 34744	
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.	
11/9-10	
(Signature of an officet, chairman or vice chairman of the board)	-
AAA BREEDEN PRESIDENT (Printed or typed name and title)	
Having been named as registered agent and to accept service of process for the above stated	
Having been named as registered agent and to accept service of process for the above stated corporation, 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	
registeren nigent.	
(Signature of Registered Agent) 5-31-02 (Date)	
If signing on behalf of an entity:	
KEBETCA FURION Cusidant &	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	
CR2E045(7/97)	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	