10/5/2016



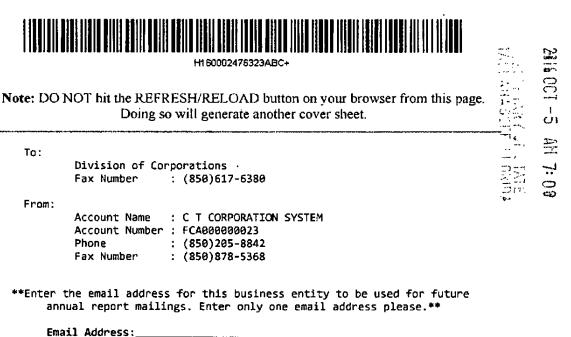
19542080845 From: Ranae McGraw

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## REGISTERED AGENT CHANGE THE PLAZAS MAINTENANCE ASSOCIATION, INC.

Certificate of Status	0
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Page Count	02
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of FL istered agent, or both, in the State of Florida,	.s	
1. The name of	the corporation: The Plazas Maintenance	Association, Inc.		
2. The principa	l office address: 5355 TOWN CENTER I ON, FL 33486	ROAD 102		
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 3/6/1978	Document number: 742054		
	d street address of the current registered artment of State: (If resigned, enter resig	d agent and registered office on file with the med)		
	NRA, Inc		.:	
	1200 South Pine Island Road			
	BOCA RATON, FL 33486			
6. The name and (if changed):		gent (if changed) and /or registered office	113 23	:
	C T Corporation System		25	,
	c/o C T Corporation System, 1200 South	a Pine Island Road	in. Entit	7
	P.O. Box N	OT scceptable		
	Plantation, Florida 33324			
The street adds as changed wil	ress of its registered office and the stre	et address of the business office of its registered	agent,	
Such change wantporized by	as authorized by resolution duly adopt he board, or the corporation has been i	ted by its board of directors or by an officer so notified in writing of the change.		
anal	46	Angelo J. Bianco, President		
I hereby accep	t the appointment as registered agent of to comply with the provisions of all sta f my duties, and I am familiar with and his document is being filed merely to re that the corporation has been notified	Printed or typed name and title  and agree to act in this capacity.  atutes relative to the proper and complete if accept the obligation of my position as register  effect a change in the registered office address, l  in writing of this change.	red !	
	rporation System			
Si,	gnature of Registered Agent	10/5/16 Date		
If signing on b	chalf of an entity:			
	mes M. Halpin			
A	scictant Secretary yped or Printed Name			
	* * * FILING F	FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)