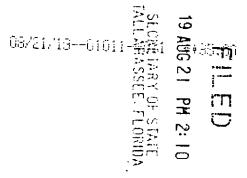
746534

| (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: |
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Office Use Only



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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
|---|--|--|
| SUBJECT: CORPORA GARDENS Con Name of Corporate | LDAMINIUM ASSACIATION, INC | |
| DOCUMENT NUMBER: 745534 | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the | following: | |
| PAULA MITEIFELC Name of Contact Pe MITEHELC ASSOCIATION Firm/Company | erson NN MANAGEMENT GROUP, LCC | |
| Address | | |
| SARASOTA / FL 34/City/State and Zip 0 | (232 Code | |
| Paula () m; take 115 E-mail address: (to be used for future a | nnual report notification) | |
| For further information concerning this matter, please call: | | |
| Reula Mifdell at (| 941 870-230-0 Area Code & Daytime Telephone Number | |
| Enclosed is a \$35.00 check made payable to the Department of | of State. | |
| 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 | |
| Account #: CR2E045 (03/12) | 1500 CEA 35- | |

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, this statement of change is submitted for a corporation organized under the laws of the State of <u>F7.67; £±</u> in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: Corders Certeris Center times Association Inc |
| 2. The principal office address: 10. tolog Francisco Managaras Cray, 94 Calthorin Rd , Said sota, Fr 34232 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 1/124 1, 1379 Document number: 77534 |
| 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) |
| Pickep P.A P.S. 30 |
| 2011 Bispham RD #1 TE B TI |
| Sua-1/2 FL 34,231 |
| 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): |
| Mitale Association Mangerer Grandette |
| 969 Cattleman Rd. P.O. Ban NOT according |
| Sc. 2 9 fg FC 34,23.2 |
| 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, or the corporation has been notified in writing of the change. |
| Signature of an officer or process of the lingh Printed or typed range and trife |
| 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. |
| Aurille Mitchiel Signature of Registered Ageal Det Det 15 7019 |
| If signing on behalf of an entity: |

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

Typed or Printed Same