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| Special Instructions to Filing Officer: | | |
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COVER LETTER

| TO: | Amendment Section Division of Corporations | | | |
|--|--|--|--|--|
| SUBJ | ECT: Indian Beach Villas Two Condom (Name of Corpor | inium Assn., Inc. | | |
| DOC | UMENT NUMBER: 751165 | | | |
| The er | nclosed Statement of Change of Registered Office/Age | ent and fee are submitted for filing. | | |
| Please | e return all correspondence concerning this matter to th | e following: | | |
| | | | | |
| Patrick Finan (Name of Contact Person) | | | | |
| | (Name of Contact | i Cisony | | |
| | | | | |
| (Firm/Company) | | | | |
| | | | | |
| 2101 Gulf Blvd. #4A (Address) | | | | |
| | (latitud) | | | |
| Indian Rocks Beach, FL. 33785 | | | | |
| (City/State and Zip Code) | | | | |
| For fu | orther information concerning this matter, please call: | | | |
| | Patrick Finan at (Name of Contact Person) | (727) 698.2217 (Area Code & Daytime Telephone Number) | | |
| Enclo | ised is a \$35.00 check made payable to the Department | of State. | | |
| | Mailing Address: Amendment Section | Street Address: Amendment Section | | |
| | Division of Corporations | Division of Corporations | | |
| | P.O. Box 6327 Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle | | |
| | a management of a m o mo t , | Tallahassee, FL 32301 | | |

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 Florida |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: Indian Beach Villas Two Condominium Assn., Inc. |
| 2. The principal office address: 4174 Woodlands Parkway Palm Harbor FL 34685 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: <u>02/21/1980</u> Document number: <u>751165</u> |
| 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) |
| James Nolan Jr. Registered Agent |
| 4174 Woodlands Parkway |
| Palm Harbor, FL 34685 |
| Palm Harbor, FL 34685 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Patrick Finan Registered Agent 2101 Gulf Blvd. #4A (P.O. Box NOT acceptable) |
| Patrick Finan Registered Agent |
| 2101 Gulf Blvd. #4A (P.O. Box NOT acceptable) |
| Indian Rocks Beach, FL 33785 |
| 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 director) Patrick Finan President (Printed or typed name and title) |
| 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. |
| Saturde Finan 10-16-08 (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| Patrick Finan (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 * * *