755910

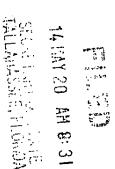
(Re	questor's Name)			
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JUN 0 4 2014 C. CARROTHERS

COVER LETTER

Division of Cor	porations	
SUBJECT: PAL	M SPRINGS AT	THE SPRINGS CONDD
DOCUMENT NUMBI	er: 155910	<u> </u>
The enclosed Statement	of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return all corresp	oondence concerning this matter	to the following:
<u></u>	ROBERT Name of Con	HARA tact Person
	HARA MANA	GEMENT INC.
	931 S. SENDR	EAN BLVD-STE 214
	WINITER PARK, City/State an	FL 32792 d Zip Code
E-n	JLORAN@H	ARAMANAGEMENT. COM uture annual report notification)
For further information	concerning this matter, please of	all:
U ANIC	E.M. LORAN Contact Person	at (407) U28-108 LEXT 113 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 ch	eck made payable to the Depart	ment 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

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	rovisions of sections 607.0502, 617. ge is submitted for a corporation or to change its registered office or ref		or FLORIDA
	DALBA 6	_	•
1. The name of th	20/0.5		rings condo
2. The principal o	office address: SANFORD	TH ELM AVENUE	
0.07	200	1. FC JOI 1. 1.	
3. The maning ad	ldress (if different): <u>P.O. T</u> SANFO	PRD. FL 32772	
4. Data of income		· ····································	15591 D
5. The name and	street address of the current registere ment of State: (If resigned, enter res	ed agent and registered office on file	
_	ALL ABOUT A	MANAGEMENT, INC	• • •
	206 SOUTH EL	M AVENUE	
•	SANFORD, FI	32771	
- -	931 S. SEMON	AGEMENT INC. PLAN BLUD- STE 21 NOT acceptable K, FL 32792	<u>4</u>
The street address as changed will be	ss of its registered office and the street identical.	reet address of the business office of	f its registered agent,
Such change was	s authorized by resolution duly adop board, or the corporation has beer	pted by its board of directors or by notified in writing of the change.	an officer so
Plans	the P	Jeannette Levi	1
	e of an officer or director	erinten or typen name ar	d title
I hereby accept to a further agree to performance of agent. Or, if this hereby confirm to	the appointment as registered agent to comply with the provisions of all my duties, and I am familiar with a to so document is being filed merely to that the corporation has been notifi	t and agree to act in this capacity. statutes relative to the proper and nd accept the obligation of my posi reflect a change in the registered o ed in writing of this change.	camplete tion as registered ffice address, I
A C	3	5-7-14	
Sign	ature of Registered Agent	Date	-
If signing on bel	(,		•
	ings allow Springs		
Ty	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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