## 765058

(Requestor's Name)				
(Add	dress)			
(Address)				
(City/State/Zip/Phone #)				
,				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
		-		
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100R 11/28/07 DEPARTMENT OF STATE O



ACCOUNT NO	. :	072100000032		
REFERENCI	E :			
AUTHORIZATION	.v :	Grebblenan		
COST LIMIT	г:	\$ 35.00		
ORDER DATE: October 10, 200	07			
ORDER TIME : 10:21 AM				
ORDER NO. : 266664-020		•		
CUSTOMER NO: 4713582				
CHANGE OF AGENT				
NAME: GULFSTREAM M CONDOMINIUM		CIATION, INC.		
PLEASE RETURN THE FOLLOWING A	AS PRO	OOF OF FILING:		
CERTIFIED COPY PLAIN STAMPED COPY				
CONTACT PERSON: Kathy Drake	E	KT# 2959		
		EXAMINER:		

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

statement of cha	provisions of sections 607.0502, 617.050 ange is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of Flor	ida
		-	
1. The name of t	the corporation: Gulfstream Manor	Collections FL 22492	<u>c.</u>
2. The principal	office address: 3901 N. Ocean Bl	vd., Guitstream, FL 33483	
3. The mailing a	address (if different): 4960 Conferen	ce Way N, Suite 100, Boca Rat	ton, FL 33431
4. Date of incorp	poration/qualification: 10/27/82	Document number: 765058	
	d street address of the current registered a rtment of State:	gent and registered office on file with the	;
	Bluegreen Resorts Manageme	ent, Inc. c/o Patricia Lehr	
	4960 Conference Way North,	Suite 100,	
	Boca Raton, FL 33431	1	
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	FILE P
	Corporation Service Company	<u>y</u>	SEE PA
	1201 Hays Street		FLOST
	(P.O. Box NOT acceptable)	)	200
	Tallahassee, FL 32301		327
The street addre	ess of its registered office and the street lbe identical.	address of the business office of its reg	istered agent,
Such change wa authorized by th	as authorized by resolution duly adopted he board, or the corporation has been no	d by its board of directors or by an offic otified in writing of the change.	er so
Edward (Signatu	w. Johnson Jure of anothicer or director)	EDWARD W. JOHNSON, (Printed or typed name and title)	JR
I hereby accept I further agree t of my duties, an document is bei corporation has	t the appointment as registered agent an to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change.	ed agree to act in this capacity.  Lutes relative to the proper and complete  ligation of my position as registered age  lie registered office address, I hereby con  .	e performance ent. Or, if this nfirm that the
Cordorai	HOMSETVICE COMBANY	11/20/2	
By.	gnature of Registered Agent)	(Date)	
	ehalf of an entity: Sarah K. Drake as its agent		
r)	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 \* \* \*