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| (Re | equestor's Name) | |
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| (Bi | usiness Entity Name | e) |
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COVER LETTER

| TO: Amendm Division | ent Section of Corporations | |
|------------------------|---|--|
| SUBJECT: | Rustic Condominium | Association, Inc. |
| | Name of Co | rporation |
| DOCUMENT N | UMBER: 7 | 66228 |
| The enclosed Sta | tement of Change of Registered Office | /Agent and fee are submitted for filing. |
| Please return all | correspondence concerning this matter | to the following: |
| | Anne St | nerman |
| | Name of Cor | |
| | | |
| | N/ | |
| | Firm/Co | mpany |
| | | |
| | 3425 W | Kirby St |
| | Addi | |
| | | |
| | | |
| | Tampa, F | L 33614 d Zip Code |
| | City/State an | a Zip Code |
| | accessions@ | Niuna com |
| | accessjobs@ E-mail address: (to be used for for | Juno.com |
| | E-mail address. (to be used for it | nare annual report normeation; |
| For further inform | mation concerning this matter, please o | all: |
| - | Anne Sherman | et (813) 990-8490 |
| N | lame of Contact Person | at (813) 990-8490 Area Code & Daytime Telephone Number |
| Enclosed is a \$35 | 5.00 check made payable to the Depart | ment of State. |
| | Mailing Address: Amendment Section Division of Corporations | Street Address: Amendment Section Division of Corporations |
| | P.O. Box 6327 | Clifton Building |
| | Tallahassee, FL 32314 | 2661 Executive Center Circle |
| | | Tallahassee, FL 32301 |

TO:

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. | |
|--|--|
| The name of the corporation: Rustic Condominium Association, Inc. | |
| 2. The principal office address: 3425 W Kirby St | |
| Tampa, FL 33614 | |
| 3. The mailing address (if different): N/A | |
| 4. Date of incorporation/qualification: 12/22/1982 Document number: 766228 | |
| 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) | |
| Brundy, Michael, J Esq | |
| 200 N Pine Avenue, Ste A | |
| Oldsmar, FL 34677 US | |
| Oldsmar, FL 34677 US 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | |
| Anne Sherman | |
| Anne Sherman 3425 W Kirby St 363 | |
| P.O. Box NOT acceptable | |
| Tampa, FL 33614 | |
| 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. | |
| Joanna Scaglione, Secretary/Treasurer Printed or typed name and title | |
| Thereby 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. | |
| Anne V. Sherman July 16, 2010 Signature of Registered Agent Date | |
| If signing on behalf of an entity: | |
| Anne Sherman Typed or Printed Name | |
| * * * FILING FEE: \$35.00 * * * | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314