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SCUTTLINGS OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division o	of Corporations	
SUBJECT:	Leisure Living Estate (Name of Corp.	S GONDAMINIUM ASSUL.
DOCUMENT NU	JMBER:	.
The enclosed State	ement of Change of Registered Office/A	agent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to	the following:
	Jim Kenne (Name of Conta	ey
	(Name of Contact	ct Person)
	FAIRWAY MANAN, (Firm/Comp	19cmont of BREVARD
-	1331 Bed for DA (Address	i
-	Melbourne, Fl. (City/State and 2	32940 Zip Code)
For further informa	ation concerning this matter, please call	:
Jim (Na	Kenney Ime of Contact Person)	at (<u>321</u>) <u>777-7575</u> (Area Code & Daytime Telephone Number)
Enclosed is a \$35.0	00 check made payable to the Departme	ent 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

CR2E045 (8/05)

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

ţ,

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 Flore Dfl
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Leisure Living estates consominium ASSOCIATION, INC
2. The principal office address: $2580 \le HWYA1A#32$
melburne beach, 1 32951
3. The mailing address (if different): 1331 BCC+OVC 1)V, # 103
4. Date of incorporation/qualification: 3 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: resigned
Sentry Management/Inc/
2180 West 28 434 Ste 5000
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jim KANNOV PS 8
Jim Kenney 1331 pedford DR. 4103 (P.O. BOX NOT acceptable) Melbourne FL. 32940 THE STATE OF
(P.O. Box NOT acceptable)
Melbourge FL. 32940 Fig 30
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 all offices or director) Row Boy IND . (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.
Jun Juny 6/16/06 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(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
CR2E045 (8/05)