70656

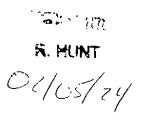
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COVER LETTER

Amendment Section Division of Corporations TO:

Name of Contact Person Area Cod	e & Daytime	Telephor	ne Nu	mber
STANFORD D. ROWE, ESQ. at (813	,440-4600			
For further information concerning this matter, please call:		FILE	36	
E-mail address: (to be used for future annual report notification)		ER ST	AM 7: 36	
SROWE@GLAUSIERKNIGHT.COM			_	1.
City/State and Zip Code			رن	
TAMPA, FL 33602				
Address			**************************************	
400 N ASHLEY DRIVE; SUITE 2020				
Firm/Company				
GLAUSIER KNIGHT JONES, PLLC				
Name of Contact Person				
STANFORD D. ROWE, ESQUIRE				
Please return all correspondence concerning this matter to the following	g:			
The enclosed Statement of Change of Registered Office/Agent and fee	are submitted	d for filing	g.	
DOCUMENT NUMBER: 770656		 -		
Name of Corporation				

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.150a inge is submitted for a corporation organized under the laws of th or to change its registered office or registered agent, or both, in th	e State of <u>FL</u>	LORIDA	
1. The name of t	the corporation: FLETCHER'S MILL TOWNHOUSE ASSOCIATION	DN, INC.		
2. The orincipal	office address: GLAUSIER KNIGHT JONES, PLLC			
	DRIVE, STE 2020; TAMPA, FL 33602			
3. The mailing a	iddress (if different):			
4. Date of incorp	poration/qualification: 10/10/1983 Document number	r: 770656		
	d street address of the current registered agent and registered offici riment of State: (If resigned, enter resigned)	e on tile with	h the	
	ANTONIO DUARTE, III			
	6221 LAND O' LAKES BLVD.			
	LAND O' LAKES, FL 34638		超过	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or re	gistered offic	ြ ပါ	
	GLAUSIER KNIGHT JONES, PLLC		A	
	C/O STANFORD D. ROWE, ESQ.	E, F	7:	
	P.O. Box NOT acceptable	—— <u>———————————————————————————————————</u>	ည္မွ	
	400 N ASHLEY DR: STE 2020 : TAMPA FL 33602			
The street address changed will	ess of its registered office and the street address of the business be identical.	office of its	registe	ered agent.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of director the board, or the corporation has been notified in writing of the c	rs or by an o hange.	fficer s	so
× m/	Caylos Castil	lo - fre	easu	.r er
l hereby accent	the appointment as registered agent and agree to act in this ca to comply with the provisions of all statutes relative to the prop ad I am familiar with and accept the obligation of my position a ing filed merely to reflect a change in the registered office address s been notified in writing of this change.	pacity. er and comp s registered ess, I hereby		arformance Or if this m that the
Sig	nature of Registered Agent	Pate		•
If signing on be	half of an entity:			
Stanfor	d Rowe			
T	yped or Printed Name			

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