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(((H070001643303)))



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To:

Division of Corporations

Fax Number : (850) 205-0380

From:

Account Name : CORPDIRECT AGENTS, INC. Account Number : 110450000714

: (850)222-1173 Phone

: {850}224-1640 Fax Number

## REGISTERED AGENT CHANGE

T SOUTHWOOD 1295, INC.

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6/22/2007 11:10:04 AM

## H07000164330 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	rovisions of sections 607.0502, 617.0502, age is submitted for a corporation organiz					
<del>-</del>	to change its registered office or register					
1. The name of the corporation: T. Southwood 1295		T, Southwood 1295, Inc.				
	office address: 1800 Valley View Lane		<u> </u>			
	40.1101					
3. The mailing ac	ddress (if different):					
4. Date of incorp	oration/qualification; 6/3/2005	Document number: F050000	03292			
	street address of the current registered age					
	CT Corporation System		137			
	1200 South Pine Island Roa	d	VIII.	07 J	CHAN	
	Plantation, FL 33324		RETAR)	JUN 22		
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered office	EE - F	2 PM 4: 02		
	NRAI Services, Inc.	<u> </u>	307. #1.S	÷:	C	
	2731 Executive Park Drive,	Suite 4	SE SE	02		
	(P.O Box NOT acceptable) Weston, FL 33331	·				
The street addre	ss of its registered office and the street a be identical.	ddress of the business office of its reg	istered a	gent,		
Such change wa	s authorized by resolution duly adopted to board, or the corporation has been not	by its board of directors or by an officitied in writing of the change.	cer so			
Junus	re of an officer or director)	Sabrina Tillapaugh, Vice Presi	ident			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and o camply with the provisions of all statu d I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and complet zation of my position as registered ag registered office address, I hereby co	e perfori ent. Or, onfirm the	nance if this at the		
desima	analize of Registered Agent)	6 19 07 (Date)				
If signing on be	half of an entity:					
	apaugh, Asst. Secretary yed 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)