(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:	Amendm Division	ent Section of Corporations			
SUB	COM	IMUNITY INITIATIVES DEVELOPMENT			
Name of Corporation					
DOC	UMENT N	F95000002333 UMBER:			
The c	enclosed Sta	tement of Change of Registered Office/A	gent and fee are submitted for filing.		
		correspondence concerning this matter to			
		FRANCES BRANDT			
Name of Contact Person					
COMMUNITY INITIATIVES DEVELOPMENT CORPORATION					
Firm/Company					
	15375 BLUE FISH CIRCLE				
Address					
	BRADENTON, FL 34202				
City/State and Zip Code					
	FBRANDT@CIDCONLINE.COM				
		E-mail address: (to be used for futu	re annual report notification)		
For fi	urther inform	nation concerning this matter, please call	:		
FBRANDT@CIDCONLINE.COM at (484)955-1761					
	N	ame of Contact Person	Area Code & Daytime Telephone Number		
Encid	osed is a \$35	.00 check made payable to the Departme	nt of State.		
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida of change is submitted for a corporation organized under the laws of the State of		
	rder to change its registered office or registered agent, or hoth, in the State of I		
	of the corporation: COMMUNITY INITIATIVES DEVELOPMENT CORPORAT		
	pal office address: 15375 BLUE FISH CIRCLE, BRADENTON, FL 33402		
3. The mailing	ng address (if different):		
4. Date of incor	corporation/qualification: 10/26/1992 Document number: F950000	002333	
	and street address of the current registered agent and registered office on file wepartment of State: (If resigned, enter resigned)	ith the	
	TORIC HOMES CORPORATION		
	138 VICKERS DR.	# Ws	
	TALLAHASSEE, FL 32303	SION.	
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered of d):	TARY COR	
	FRANCES BRANDT	LEU LY OF STAT CORPORATI	
	15375 BLUE FISH CIRCLE	ATION ATION	
	P.O. Box NOT acceptable		
	BRADENTON, FL 34202		
The street addr as changed will	ldress of its registered office and the street address of the business office of it will be identical.	s registered agent,	
Such change wauthorized by t	was authorized by resolution duly adopted by its board of directors or by an y the board, or the corporation has been notified in writing of the change.		
Signali	nature of air officer or director XMALY ANN LOCULOSTE A	LAS ASST. SecréTAP	
l further agree performance of agent. Or, if th	ept the appointment as registered agent and agree to act in this capacity. we to comply with the provisions of all statutes relative to the proper and come of my duties, and I am familiar with and accept the obligation of my position of this document is being filed merely to reflect a change in the registered officerm that the corporation has been notified in writing of this change.	i as revistered	
\times	×6/13/2013		
Sq	Signature of Registered Agent Date		
If signing on be	behalf of an entity:		
	stayuru tarin urandanada kuma handaga		
<u>'</u>	Typed or Printed Name		

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

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