

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 : (850)521-1000 Phone : (850)558-1575 Fax Number

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REGISTERED AGENT CHANGE

DIVARIS PROPERTY MANAGEMENT CORP.

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DICONNELL JAN 1 9 2010

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

statement of ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Sunue ganized under the laws of the State of Virgin gistered agent, or both, tn the State of Florida	ia		
	er to change its registered office or reg		r.		
		The tribution of the tr			
	d office address:	· · · · · · · · · · · · · · · · · · ·			
One Columb	ous Center, Ste 700, Virginia Beach, VA	23462			
3. The mailing	address (if different):		<u> </u>		
4. Date of inco	rporation/qualification: 12/31/1997	Document number: F97000006953			
	nd street address of the current registere artment of State:	rd agent and registered office on file with the			
	CT Corporation System				
	1200 South Pine Island Rd.				
	Plantation, FL 33324			_	
6. The name ar (if changed)	~	agent (if changed) and /or registered office		O JAN	i at
	Corporation Service Company		27.35	9	Ĭ
	1201 Hays Street			PK PK	ij.
	(P.O. Box NOT accept	uble)	- 13 cm	_5.	*
	Tallahassee, FL 32301		tine for P	 ت	A.
The street add as changed wi	ress of its registered office and the str Il be identical.	cet address of the business office of its reg	istered age	ent,	
		pted by its board of directors or by an offic a notified in writing of the change.			
House	11 11	Elizabeth A. Dawson, Attorney in Fact			
(Signi	affice of an officer or director)	(Printed or typed name and title)			
I hereby accept further agree of my duties, a document is be corporation hereby acceptance.	ot the appointment as registered agene to comply with the provisions of all , and I am familiar with and accept the eing filed merely to reflect a change it as been notified in writing of this chai on Scrvice Company	t and agree to act in this capacity. statutes relative to the proper and complete obligation of my position as registered age n the registered office address, I hereby con nge.	eperforma nt. Or, if sfirm that	nce this the	
By:	, , , , , , , , , , , , , , , , , , , ,	January 7, 2010			
	Mature of Registered Agent)	(Date)		_	
If signing on b	pehalf of an entity:				
Sylvia Queppe	t, Asst. Vice President				
	(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)