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(((H04000049906 3)))

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AMERITON PROPERTIES INCORPORATED

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 8, 2004

AMERITON PROPERTIES INCORPORATED 9200 E. PANORMA CIRCLE SU SUITE 400 ENGLEWOOD, CO 80112

SUBJECT: AMERITON PROPERTIES INCORPORATED

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Michelle Milligan Document Specialist FAX Aud. #: H04000049906 Letter Number: 804A00015243

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

		. 617.0502, 607.1508, or 617.1508, Florida ation organized under the laws of the State o		
Maryland	= = = = = = = = = = = = = = = = = = = =	ation organized uniter the this of the blate of stered office or registered agent, or both, in		
of Florida.	the corporation: AMERITON Prope			
2. The principal office address: 9200 E. Panorama Circle, Suite 400, Engiewood, CO 80112				
3. The mailing	address (if different):			
4. Date of incom	poration/qualification: 02/08/1999	Document number: F990000007	17	
	nd street address of the current regis	stered agent and registered office on file with	the E	
	Corporation :	Service Company		
	1201 1	Hays Street		
	Tallahassee	FL 32301-2525	· -	
6. The name a changed):		stered agent (if changed) and for registered	affice (if	
	C T Corpo	pration System		
	c/o C T Cor	poration System		
(P.O. Box or personal mailbox NOT acceptable) 1200 South Pine Island Road, Plantation, Florida 33324				
The street addragent, as change	ess of its registered office and the jed will be identical.	street address of the business office of its re	egistered	
Such change wanthoused by t	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an off een notified in writing of the change. Christen Vinnols, President	icer so	
Signature of an office	t, chairman or vice chairman of the board)	(Printed of typed name and life)		
I hereby accept I further agree performance of registered ages office address, CT	t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with 11. Or, if this document is being fil I hereby confirm that the corporal Spagacytion System	ent and agree to act in this capacity. Ill statutes relative to the proper and compl and accept the obligation of my position a led merely to reflect a change in the registe tion has been notified in writing of this char	ete S red nge.	
By: Comis	the lun-	March 5,2004		
If signing on beha	Signature of Regimered Agent) If her Carriers If of an ordires:	(Date)		
CTCorpo	ration System	Asst Secretary		
(Typed or Printed Name)	(Capacity)		

* * * FILING REE: \$35.00 * * *

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahabseb, FL 32314