Division of Corporations **Public Access System**

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REGISTERED AGENT CHANGE

BRIDGEWATER PLACE APARTMENTS, INC.

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

				607.1508, or 617.1508, Florida Stat	utes,
this statement of Delaware	j change is suominea j in order to cho	or a corpoi	rauon organ tetered offic	sized under the laws of the State of e or registered agent, or both, in the i	State
of Florida.		inger ion i ende	and to ogni		
	the corporation: Bridg	cwater Piece	Apartments, I	nc.	
	l office address: 5400				
- "		, , , , , , , , , , , , , , , , , , , ,			
Dellas, TX 75	240				
3. The mailing	address (if different):_				
*					<u> </u>
4. Date of incom	poration/qualification:	10-29-99		Document number: F99000005597	ZŽ,
	nd street address of the artment of State:	current reg	istered agen	t and registered office on file with the	<i>ૈ</i> ઈ
	/	Corp.	Direct Agents		
		103 N. I	Meridian Stree		
		Tellsha	sec, FL 3230		
6. The name and changed):	nd street address of the	ie new ieg	istered agen	it (if changed) and /or registered offic	:e (ii
		C T Con	oration Syste	<u> </u>	
	_	c/o C T Co	aporation Sys	iem	
	(*,0		l mailbox NOT		
	1200 South	Pine Island I	Rosd, Plantatio	en, Florida 33324	
The street addragent, as chang	ess of its registered of ed will be identical.	fice and the	street addr	ess of the business office of its registe	ned
Such change we authorized by the Southern Such and Such a	as authorized by resol the board, or the corpo	ution duly : ration has l	adopted by i seen notifies	its board of directors or by an officer of in writing of the change. Tom Atteberry, Vice President	50
Signature of an entice	र, कार्यामध्या के पास सामाना हो।	व्य क्रांचा । व्याप		Provided of typed names and side:	
I hereby accept I further agree performance of registered agen office address,	t the appointment as re ta comply with the pre my duties, and I am fe it. Or, if this documen I hereby confirm that Corporation System	egistered a ovisions of amiliar wit it is being f the corpora	gent and ag all statutes h and accep iled merely ation has be	ree to act in this capacity, relative to the proper and complete of the proper and complete of the obligation of my position as to reflect a change in the registered en notified in writing of this change.	
BY: NYX	Topological System	Michael	E. Jones	31 £ 62	
	ignature of Registered Agent)	Assistani	Secretary	11-5-03 (Date)	
If signing on behal	if of an entity:			•	
	Michael E. Jones		<u></u>	Assistant Secretary	
G	Typed or Printed Name)			(Capacity)	

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