## ... NOODOOCS 29

FLA RENT  INC. 274 Wilshire Boulevard • Suite 282 Casselberry, Florida 32707	
(City/State/Zip/Phone #)	
(Business Entity Name)	_
(Document Number)  Certified Copies Certificates of Status	<b>-</b>
Special Instructions to Filing Officer:	7

Office Use Only



000060374770

05 OCT 11 AM 9: 30

reigners OCL 18 SUL

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

	Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corpordion organized under the laws of the State of
	the State of Florida.
	1. The name of the corporation: Buckhear of Orlando
	Homeowner's Association, Inc
	2. The mailing address of the corporation: PO Box 678 440, Orlando FL 32867
ang	ge To: 70 FLARENT, INC. 294 Wilshire BLVD, Ste 286, Casselbe
O	3. Date of incorporation/qualification: 3-17-2000 Document number: Novooco 2529
	4. The name and address of the current registered agent and office:
	SANDULLI, Stephen J.
	3156 Buck Hill Phace
	Orlando F1. 32817
	5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
	(P. O. Box Not Acceptable)
	Gestrey W. Hall
	—— FI A PENT INC
	274 WILSHIRE BLVD STE 282
	The street address of its registered of the and the street address of the business office of its registered agent, as changed, will be identical.
	Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
	authorized by the board.
	(Signature of an officer, chairman or vice chairman of the board) (Date)
-	Paula K. Waters, Sea.
	(Printed or typed name and title)
	Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as
	registered agent.
	(Signature of Registered Agent) (Date)
	If signing on behalf of an entity:
	(Typed or Printed Name) (Capacity)

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