N00000006896

(Re	questor's Name)			
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RA. Change C.COULLIETTE

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Rosemary Place Master Association (Name of Corporation)				
(Haine of Corporation)				
DOCUMENT NUMBER: N00000006896				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Brian Smith				
(Name of Contact Person)				
Rampart Properties, Inc (Firm/Company)				
9887 Fourth Street N Suite #301 (Address)				
Saint Petersburg FL 33702				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Brian Smith (Name of Contact Person) at (727) 577-2200 (Area Code & Daytime Telephone Number)				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section Street Address: Amendment Section				

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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

statement of ch	e provisions of sections 607.0502, 617.0502, cange is submitted for a corporation organiz ler to change its registered office or register.	ted under the laws of the State of Florida	В
	fthe corporation: Rosemary Place Master A	•	•
	d office address: 9887 Fourth Street N Suite		
_	rsburg FL 33702		
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification:	Document number: N00000006890	6
	d street address of the current registered age artment of State:	ent and registered office on file with the	
	CT Corporation System		
	1200 South Pine Island Road		
	Plantation FL 33324		
6. The name and (if changed):	•	(if changed) and /or registered office	
	Rampart Properties, Inc		1 ₹
	9887 Fourth Street N Suite #301 (P.O. Box NOT acceptable)	· · · · · · · · · · · · · · · · · · ·	JAN JAN
	Saint Petersburg FL 33702		1 18
The street addre	ess of its registered office and the street ad	Idress of the business office of its regis	→ 5 × 5
as changed will Such change we authorized by the	as authorized by resolution duly adopted be be board, or the corporation has been notified.	by its board of directors or by an office fied in writing of the change.	©: 57
50udk	ure of an officer or director)	Sandra Israel (Printed or typed name and title)	<u> </u>
I hereby accept I further agree t of my duties, an document is bei corporation has	t the appointment as registered agent and to comply with the provisions of all statute and I am familiar with and accept the obliging filed merely to reflect a change in the is seen notified in writing of this change.	agree to act in this capacity, es relative to the proper and complete p ation of my position as registered agen registered office address, I hereby conf	performance it. Or, if this firm that the
3_	175	1-3-11	
(Sig	gnature of Registered Agent)	(Date)	
If signing on be	chalf of an entity:		
Brian Smith		•	
T)	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)