U000001310

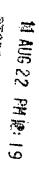
(Requ	iestor's Name)	
(Addre	ess)	
()	,	
(Address)		
(City/s	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
		
(Busir	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificate	e of Statue
Certified Copies	Certificates	3 01 Otatus
Special Instructions to Fil	ing Officer:	





800211230158

08/22/11--01006--011 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: The Reserve at Oak Ridge Property Association, I
DOCUMENT NUMBER: NOW(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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:
Name of Contact Person
Community Management Services Inc.
5837 Trouble Creek Rd.
New Port Richay Fl. 34652 City/State and Zip Code
E-mail agdress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (72) 816-9900 Area Code & Daytime Telephone Number
Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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, this statement of change is submitted for a corporation organized under the laws of the State of Florida.
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: The Resource At OAL Ridge Property Associative 2. The principal office address: 5837 Teophic Charles Rd. Dew Port Richey F
3. The mailing address (if different):
4. Date of incorporation/qualification:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Sendey Management Inc
2180 West SR 434 Ste 5000 (Resigned)
Languisod, FL, 32779
6. The name and street address of the new registered agent (if changed) and /or registered office
Community Management Services Inches
5837 TROUBLE CREEK Rd
New Post Richey, FL, 34652
The street address of its registered office 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, or the corporation has been notified in writing of the change.
Signature of an officer or director Signature of an officer or director Printed or typed name and title
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent Date If signing on behalf of an entity:
KinJohnson
Typed or Printed Name

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