Noccoo 8176



Weston Corporate Centre 2500 Weston Road - Suite 311 Weston, Florida 33331

(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL.	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificate	es of Status	
Special Instructions to Filing Officer:			
,			

Office Use Only



400180703974

10/14/10--01007--007 **35.00

OUCH LAPRIZ: 53





18/11/2010 13:33

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

Pursuant to the provisions of sections 607.0502, 617.0302, 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: Meadow Gleno of Manon Country Homeowikes AS. 2. The principal office address: C/o Executive Management + Losoing, Inc. 2500 Weston Road Suite 311 Weston, FC 33331	
3. The mailing address (if different):	_
4. Date of incorporation/qualification: 12/5/00 Document number: Nococco 8176	
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) Linds Wilson Flaglet Managent, Inc. POBOX 836 177 Dead Fl 241602	
	FILED
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	3
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. Steen Fischer Systems of an officer or director Printed or typed name and title	
I hereby accept the appointment as registered ogent and agree to act in this capacity. I further ugice 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 thing filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has feen notified in writing of this change. Signature of Registered Agent Date	
If signing on behalf of an entity: Steven FISCOUN Typed or Innted Name	
MAKE CHECKS PAYABLE TO PLORIDA DEPARTMENT OF STATE MAIL 10: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)	
Attn: Karen Gibson	

FAX: 850-245-6897