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Certified Copies Certificates of Status		
Special Instructions to F	iling Officer	
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Greenlinks II Condominium Association INC Name of Corporation	
DOCUMENT NUMBER: NO1 000000 244	
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:	
Michael Yelton Name of Contact Person	
Benson's KT Firm/Company	
3050 Horseshue Dr #275	
Naples F2 34104 City/State and Zip Code Odvovak — ACOSTING Densons Inc. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call: Mills Lettor at (239) 203-1577 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



November 1, 2010

MICHAEL YELTON BENSON'S KT 3050 HORSESHOE DR #275 NAPLES, FL 34104

SUBJECT: GREENLINKS II CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N01000000244

We have received your document for GREENLINKS II CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document number for the corporation is N0100000244.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 410A00025637

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $^{\rm tot}$

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
1. The name of the corporation: Green in KSIL Condominium Association, Inc
2. The principal office address: Benson's KT - GO ASSOCIA - 5401 N. Central
Expressivary Suite 300 - Dallas, Tx 75205
3. The mailing address (if different): Benson's KT-3050 Horseshoe Drive
North, suite 275, Naples, FL 34104
4. Date of incorporation/qualification: \[\langle 08 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5. The name and street address of the current registered agent and registered office Florida Department of State: (If resigned, enter resigned)
Vandall, BonitA, D. (resigned)
3050 N. Horseshoe Dr. suite 275
Naples, FC 34104 US
6. The name and street address of the new registered agent (if changed) and /or registered office SE
(if changed):
Benson's KIT
3050 Horseshoe UKIN # 275
P.O. Box NOT acceptable
25 25
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.
Signating 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 have been arree to comply with the provisions of all statutes relative to the proper and complete performance.
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.
Miliamentine of Registered Agent 11-8-10 Date
Wulliammure of Registered Agent Date
If signing on behalf of an entity:
Michael Velton 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)