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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222~1092

Fax Number

: (850)878~5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

REGISTERED AGENT CHANGE ORCHARD PARK PROPERTY OWNERS ASSOCIATION, INC.

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T. LEWIS

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CT CORPORATION

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COVER LETTER

SUBJI	Name of Corporation
DOC1	MENT NUMBER:
	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
	Timothy Crawford
	Name of Contact Person
	RealManage, LLC
	Firm/Company
	3220 Keller Springs Rd Suite 106
	Address
	Carroliton TX, 75006-5901
	City/State and Zip Code
	registered.agent@realmanage.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Name of Contact Person Area Code & Daytime Telephone Number
Enclose	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section

CR2E045 (03/12)

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Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

	. ORCHARD PAT	RK PROPERTY OWNERS ASSOCIATION, INC.
		LA AVE. ORLANDO FL 32806 US
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualification: 02/27/200	01 Document number: N01000001399
	nd street address of the current repartment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)
	FERDINANDSEN ENTERPRIS	ies For B
	2884 S. OSCEOLA AVE	SECRETAIN -3
	ORLANDO FL 32806 US	8 L
6. The name a (if changed)		tered agent (if changed) and /or registered office
	c/o C T Corporation System, 120	0 South Pine Island Road
	P.C Plantation, Florida 33324	O. Box NOT acceptable
		he street address of the business office of its registered agent,
Such change v authorized by	was authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
	a promise a series of the seri	Michael Jones, Vice President
_	two of so officer is director of the appointment as registered of the to comply with the provisions of of my duties, and I am familiar wi his document is being filed merel in that the corporation has been in	Printed or typed name and title ugent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered by to reflect a change in the registered office address, I statistical in writing of this change.
agent. Or, if the hereby confirm		
يستوسر	Surjoration System	1/2/2013
By:	Sore Oration System ignature of Registered Agent	Date
By:		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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