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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	
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PICK-UP	WAIT	MAIL.
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(100	cument Number)	•
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	7

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SECRETARY OF STATE
FALLAHASSEE. FLORID

MAChange News 11-23-09 FILED

COVER LETTER

Division of Corporations			
SUBJECT: Imlian Landing Homeowners association, Inc			
DOCUMENT NUMBER: <u>NO 1000003253</u>			
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			
Advanced Property Mand The. Firm/Company			
1978 Rock le Que Blue Ste 106 Address			
Rockle Ose, F-6 32955 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
VAN C Mace at (321) 514 - 3423 Name of Contact Person 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
1. The name of the corporation: Indian Landing Homeowners Association, Inc. 2. The principal office address: 1978 Rockledge BLud Ste 106 Rockledge, FL 32955
3. The mailing address (if different): <u>same</u> , as above
 4. Date of incorporation/qualification: <u>D5/09 /D (</u> Document number: <u>N.0 / 0000 3355.3</u> 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)
Spice Coast Property Management 645 Classic Cerut, Ste 104 Wellsourne, FL 32940 Fin 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Advanced Property Management Inches
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. Finited 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.
If signing on behalf of an entity:
Typed or Printed Name

*****FIEING!FEE: \$35:00