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COVER LETTER

	Amendment Section Division of Corporations				
SUBJE	CT: Robinson Hills Community Association Name of Corporation				
DOCUM	MENT NUMBER:				
The encl	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please re	eturn all correspondence concerning this matter to the following:				
	Spencer Solomon				
	Name of Contact Person				
	Southwest Property Management				
	Southwest Property Management Firm/Company				
	13350 West Colonial Dr Suite 330				
	Address				
	Winter Garden, FL 34787 City/State and Zip Code				
	•				
swpmgmt@aol.com E-mail address: (to be used for future annual report notification)					
	L-man address. (to be used for ruture aiman report notification)				
For furtl	ner information concerning this matter, please call:				
	Erika Sheehan at (407) 656-1081 Name of Contact Person Area Code & Daytime Telephone Number				
	Name of Contact Person Area Code & Daytime Telephone Number				
Enclose	d 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				
	rananasso, i L 32517 2001 Executive Center Chele				

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, this n organized under the laws of the State of Florida r registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Robinson H	ills Community Association, ±NC.	
2. The principal	office address: 13350 West C	Colonial Dr Suite 330	
	den, FL 34787		
3. The mailing a	ddress (if different): PO Box 7	83367	
Winter G	Sarden, FL 34778		
4. Date of incorp	poration/qualification:10-	25-01 Document number: NO1000007 59	?
	d street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Resigned		
			•
6. The name and (if changed):	i street address of the new registe	red agent (if changed) and /or registered office	
	Spencer Solomon		,
	13350 West Colonial Dr S	Suite 330	က
		D. Box NOT acceptable	
	Winter Garden, FL 34787		
The street address changed will	ess of its registered office and the identical.	e street address of the business office of its registered agent,	
Such change wanthorized by the	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Ven Sh Signatu	re of an officer of diffector	ORen Smith Resident	,
I hereby accept I further agree of my duties, ar document is be comporation ha	to comply with the provisions of nd I am familiar with and accept ing filed merelytto reflect a char s bgen natified in AmitMa of this	gent and agree to act in this capacity. I all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this age in the registered office address, I hereby confirm that the change.	
1//	mature of Registered Agent	9/28/10 Date	
//	chalf of an entity:	Date	
Sne	encer Solomon, RA		
	vped or Printed Name	-	

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