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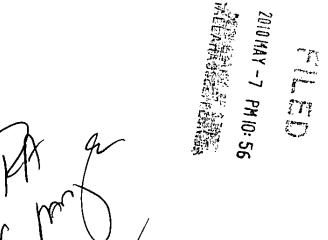
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
25-11-21				

5/11/0



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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: S	andridge Estates Hor Name	neowners Associat	ion Inc	
DOCUMENT NUM	OCUMENT NUMBER: N0200001984			
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:				
-		siree Lindahl of Contact Person		
Soundview Property Management Firm/Company				
2061 Indian River Blvd. Address				
Vero Beach, FL 32960 City/State and Zip Code				
desiree@soundviewmgt.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	Desiree Lindahl	at (<u>772</u>)_	234-3005 Daytime Telephone Number	
Nam	e of Contact Person	Area Code & I	Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section	Street Add Amendme	Iress: ent Section	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

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: Sandridge Estates Homeowners Association Inc
2. The principal office address: C/o Soundview Property Management 2061 Indian River Blvd.
Vero Beach, FL 32960
3. The mailing address (if different):
4. Date of incorporation/qualification: 03/19/2002 Document number: N02000001984
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)
SANDRIDGE, INC.
945 SEBASTIAN BOULEVARD SUITE 6
SEBASTIAN FL 32958
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Paul Palestrini
C/o Soundview Property Mgt. 2061 Indian River Blvd.
P O. Box NOT acceptable Vero Beach, FL 32960
The street address of its registered office and the street address of the business office of its registered gent, 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.
Specture of an officer or director Printed or typed name and title Printed 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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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