

(Address) (Address)	000105775180		
(City/State/Zip/Phone #)	07/12/0701005010 ** 35.00		
(Business Entity Name)			
(Document Number) Certified Copies Certificates of Status	07 JUL 12 SECRETARY TALLAHASSE		
Special Instructions to Filing Officer:	IL 12 AM 9: 16 ETARY OF STATE HASSEE, FLORIDA		
Office Hea Only			

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Hidden dakes Estates of Shove land Home ourses (Name of Corporation) Associations
DOCUMENT NUMBER: NO2 000 00 2 139
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:
Paula E Butlere (Name of Contact Person)
(Name of Contact Person)
PREMIER COMMUNITY MANAGERS, INC.
5151 Adamsanc States 193 Orlando, Florida 32804
(Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
Paulu E Butter (Name of Contact Person) at (407) 696-5700 Cyt2 (Area Code & Daytime Telephone Number)
(Figure 6: Contact 1 dison)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327

Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

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

	rovisions of sections 607.0502, 617.050 nge is submitted for a corporation orga		
	to change its registered office or regist		
	ne corporation: H. dden dak		rveland Homeon
2. The principal of	office address: PMB 375	4250 Magaya IL	
	Sute 2/d	Oviedo. De	3a765
3. The mailing ad	ddress (if different):		
	2-35-0	2 2 1 1/	(12 14000 21.39
	oration/qualification: <u>3-25-02</u>		
5. The name and Florida Depart	//	agent and registered office on fi	le with the
†	Reliable Mo	sperly Managu	<u>s</u>
	4250 Alafa	ya Irail Uni	te 213-245
	Ov.edo,	7L 32765	O7 J
	street address of the new registered age	ent (if changed) and /or registere	ed office AAD
(if changed):	PREMIER COMMUNITY N	MANAGERS, INC.	SSET 2
	<u>5151 Adanson Street S</u>	suite 103	
_	Orlando, Florida 3280	4	STA:
	(P.O. Box NOT acceptable	e)	— 5A
			
T street address a anged will	ss of its registered office and the stree be identical.	t address of the business office	e of its registered agent,
Such change wa	s authorized by resolution duly adopte e board, or the corporation has been n	ed by its board of directors or botified in writing of the change	by an officer so e.
V Smo	la Lei Tuhoin	LINDA LEE LUKOVIC	s- SEC/TREAS.
(Signatur	re of an officer of effector) the appointment as registered agent a	(Printed or typed nan	ne and title)
I hereby accept to I further agree to of my duties, and	ne appointment as registered agent a comply with the provisions of all sta I I am familiar with and accept the ol	ind agree to act in this capacity stutes relative to the proper and oligation of my position as regi	y. d complete performance istered agent Or if this
document is beir corporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this chang	the registered office address, I e.	hereby confirm that the
Saula			4-07
	nature of Registered Agent)	(Date)	7 - 7
If signing on bel	nalf of an entity:		
Paula	E Butlex		
	yped or Printed Name)		

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