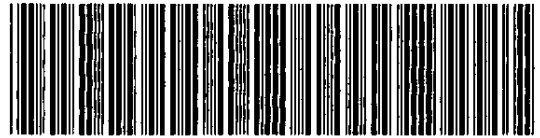


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Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR
2/19/10

O'BRIAN House Condos
P.O. BOX 5784
GAINESVILLE, FL. 32627

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2010

O'Brian House Condos
P.O. Box 5784
Gainesville, FL 32627

SUBJECT: O'BRIAN HOUSE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N02000005270

We have received your document for O'BRIAN HOUSE CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 010A00001189

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: O'Brian House Condominium Association, Inc
2. The principal office address: 501 NW 15th Ave, Unit #1, Gainesville, FL 32601
3. The mailing address (if different): Same as Above
4. Date of incorporation/qualification: 7/11/2002 Document number: NO2000005270

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)

C/O Sun Lu Properties Inc "RESIGNED" Sally Ann Wilson
901 NW8th A-6
Gainesville, FL 32601

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Mark Cassacci
501 NW 15th Ave Unit #1
P.O. Box NOT acceptable
Gainesville, FL 32601

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.



Signature of an officer or director

Peter Nadeau, President

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

12/21/2009

Date

If signing on behalf of an entity:

Mark Cassacci

Typed or Printed Name

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

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

CR2E043 (8/03)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 FEB 19 AM 11:52

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