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(Re	equestor's Name)		
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(Cr	ty/State/Zip/Phone	= #)	
PICK-UP	☐ WAIT	MAIL	
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(Bı	isiness Entity Nan	ne)	
(Do	cument Number)		_
Certified Copies	Certificates	of Status	
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Special Instructions to	Filing Officer:		I
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06/30/06--01045--025 **35.00

TRANSMITTAL LETTER

TO: Amend Division	Iment Section on of Corporations
SUBJECT:	Rolling Hills Estates Homeowners Association, Inc. (Name of corporation)
DOCUMENT	NUMBER: N02000008835
The enclosed S	Statement of Change of Registered Office/Agent and fee are submitted for filing
Please return a	all correspondence concerning this matter to the following:
Daniel	S. Friehis (Name of person)
Daniel	(Name of firm/company)
3890	Turtle Creek Dr. Suite B
Aut On	City/state and zip code)
For further info	formation concerning this matter, please call:
David 1	Name of person) at (384) 589-1880 (Name of person) (Area code & daytime telephone number)
Enclosed is a 9	

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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, a
this statement o	f 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: Rolling Hills Estates Homeowners Association, Inc.
2. The principal	office address: 3890 Tutle Cielk Dr. Suite B
Port O	Ang FL 32127
3. The mailing a	address (if different):
	
4. Date of incor	poration/qualification: 11/15/02 Document number: N02000008835
	d street address of the current registered agent and registered office on file with the rtment of State:
	Raleigh Barrow 70 8
	4148 Pine Drive
	New Smyrna Beach, FL 32168
changed):	Naniel S. Friebis 3890 Turtle Creek Or. Suite B (P.O. Box or personal mailbox NOT acceptable)
	Port Ginge FL 32-127
The street addre	ess of its registered office and the street address of the business office of its registered ed will be identical.
Such change wauthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
(Signature of an officer	Ryle jyh J. Barrow President (Phinted or typed name and title)
I further agree performance of registered agen office address.	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as u. Or, if this document is being filed merely to reflect a change in the registered I hereby confirm that the corporation has been notified in writing of this change. (Date)
If signing on behal	If of an entity: S. Frichis Typed or Printed Name) Treasurer Registered Agent (Capacity)

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