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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Division o	nt Section f Corporations					
SUBJECT: MAGDALENE COURT COA, INC. Name of Corporation						
DOCUMENT NU	MBER:	N02888				
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:						
	MARIELLE WES	TERMAN, ESQ.				
	Name of Co	itact Person				
WESTERMAN WHITE, P.A.						
	Firm/Co	mpany				
146 2ND ST N, SUITE 208						
	Add	ress				
ST. PETERSBURG, FL 33701 City/State and Zip Code						
City/State and Zip Code						
_	E-mail address: (to be used for f	uture annual report notification)				
For further informa	ation concerning this matter, please of	all:				
MARIELLE WESTERMAN at (727) 329-8956						
Nar	ne of Contact Person	at (<u>727</u>) <u>329-8</u> Area Code & Daytime Telepho	one Number			
Enclosed is a \$35.0	00 check made payable to the Depart	ment 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 C Tallahassee, FL 32301				

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

	provisions of sections 607.0502, 617.0502, 607.1508 ange is submitted for a corporation organized under i		
	er to change its registered office or registered agent, o		
	the corporation: MAGDALENE COURT C	•	ASSOCIATION TA
	office address: UNIVERSITY PROPERTIES	,	
	IPLE TERRACE PKWY TAMPA FL 33637 address (if different):		
J. THE Mailing	address (if different):		
4. Date of incor	poration/qualification;05/03/1984 Docum	ment number:	N02888
	d street address of the current registered agent and reg rtment of State: (If resigned, enter resigned)	gistered office on file with	the
	WESTERMAN, MARIELLE ESQ		
	215 W VERNE ST STE A		TALE TALE
	TAMPA FL 33606 US		CRE I
6. The name and (if changed):	d street address of the new registered agent (if change	ed) and /or registered offic	ASSEE, F
	WESTERMAN MARIELLE ESQ		2: 2: LORD
	WESTERMAN WHITE, P.A.		
	P.O. Box NOT acceptable 146 2ND ST N, SUITE 208, ST. PETERS	SBURG FL 33701	
The street addr			registered agent
	ess of its registered office and the street address of be identical.		
Such change w authorized by t	as authorized by resolution duly adopted by its boa he board, or the corporation has been notified in wr	rd of directors or by an oriting of the change.	officer so
Signate	re of an officer or director	Printed or typed name and titl	e
I further agree of my duties, ar document is be	the appointment as registered agent and agree to a to comply with the provisions of all statutes relative and I am familiar with and accept the obligation of n ing filed merely to reflect a change in the registered so been notified in writing of this change.	act in this capacity, e to the proper and com ny position as registered d office address, I hereby	plete performance agent. Or, if this v confirm that the
		5-21-69	
	mature of Registered Agent	Date	
rr signing on be	chalf of an entity:		
·	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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