

*No 3022001474*

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6380

*000076150910*

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: *pk\_fletcher@avetaholdings.com*

RECEIVED  
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REGISTERED AGENT CHANGE  
SOLIVITA COMMUNITY ASSOCIATION BINGO, INC.

Certificate of Status	0
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*RA [Signature]*  
*7/7/11*

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**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: SOLIVITA COMMUNITY ASSOCIATION BINGO, INC.
- 2. The principal office address: 395 VILLAGE DRIVE  
POINCIANA FL 34759
- 3. The mailing address (if different): 351 NEW RIVER DR  
POINCIANA FL 34759
- 4. Date of incorporation/qualification: 02/20/2003 Document number: N03000001474
- 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)

KERRIGAN, JUANITA I  
201 ALHAMBRA CIRCLE, 12TH FLOOR  
CORAL GABLES FL 33134 US

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
P.O. Box NOT acceptable  
TALLAHASSEE, FL 32301

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.

Patricia K. Fletcher PATRICIA K. FLETCHER, OFFICER  
Signature of an officer or director 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.  
 NRAI Services, Inc.

by: Michele Holden 7/7/11  
Signature of Registered Agent Date

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT  
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  
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