1030WW)145

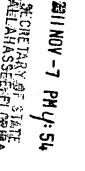
(Requestor's Name)	
(Address)	-
(Address) (City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	11/07/110102002
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	- - -
Special Instructions to Filing Officer:	AHASSE
· .	

Office Use Only



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**70.00





COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: The Residence at Renaissance Son Name of Corporation	quare Condo Assn on
DOCUMENT NUMBER: N0300000)1954
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence concerning this matter to the f	following:
Lisa Weathers Name of Contact Per	S
Name of Contact Fer	rson
Leland Managem	nent
Firm/Company	
6972 Lake Gloria Address	Blvd
/tud.ess	
Orlando, FL 32809	-3200
Orlando, FL 32809 City/State and Zip C	ode
lweathers@lelandmanage	ement.com
E-mail address: (to be used for future ar	nnual report notification)
For further information concerning this matter, please call:	
Lisa Weathers	407 704 4404
Name of Contact Person at (A	781-1404 rea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of	State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

4.0

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

	in order to change its registere 1. The name of the corporation: The F		- -	_ ` .	ocialin , Dne
	2. The principal office address: 1216 S				
	3. The mailing address (if different): c/o 32809-3200	o Leland Manag	ement, 6972 Lake Gl	oria Blvd., Orlando, Fl	
	4. Date of incorporation/qualification:	03/05/2003	Document number:	N03000001954	
	5. The name and street address of the cu Florida Department of State: (If resign			file with the	
	Community Mana	gement Concep	ts, Inc.		
	4585 140th Avenu	e N, Suite 1012	<u> </u>		
	Clearwater, FL 33	3762			1
	6. The name and street address of the ne (if changed):	w registered agent (if changed) and /or register	ed office AHAS	MI NOV - 7
	Leland Manageme	ent			**
	6972 Lake Gloria	Blvd P.O Box NOT a	t-bla	97	
	Orlando, FL 3280		серапе	\times_2	
	The street address of its registered offins changed will be identical.	ce and the street ad	dress of the business offic	e of its registered agent,	
	Such change was authorized by resolutauthorized by the board, or the corporation	tion duly adopted b tion has been notif	y its board of directors or ied in writing of the chang	by an officer so ge.	
Please sign her	Nustava Signature of an officer of director	woeh	Gustavo Ve	lez-Bosch	
	I hereby accept the appointment as res I further agree to comply with the prov of my duties, and I am familiar with ar document is being filed merely to refle corporation has been notified in writin	pistered agent and a pisions of all statute and accept the oblige ct a change in the i ag of this change.	agree to act in this capaci es relative to the proper ar ation of my position as reg registered office address, a	ty. nd complete performance ristered agent. Or, if this I hereby confirm that the	
	Telus Jule Signature of Registered Agent		10-21-2	2011	
	•		Date		
	If signing on behalf of an entity:	•			

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