NO300009090

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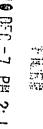
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Southwidge of Clernat HAM NX Name of Corporation
DOCUMENT NUMBER: NO300000000
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:
Keun Dans Name of Contact Person
Community Management Specialuts
1750 Broadway St. Swite 200
Oviedo, Fl 32705 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Heng Danz 3197202
Name of Contact Person at (407) 3577202 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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 Circle
Tallahassee, FL 32301

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 _______ in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Southerdox of Clerwort Hoa Tric. 2. The principal office address: 1750 Producty St. Suk 200

3. The mailing address (if different):

4. Date of incorporation/qualification: 10117103 Document number: NO300009090

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)

Community Management Professionals Inc 4700 Millenia Blvd Swite 515 Octavelo FL 32839

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

Community Management Specialists, I 1750 Broadway JT Shite 202

Ovedo, FL 32765

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 sithorized 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.

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 to the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent Date

If signing on behalf of an entity:

FOUN PLUS

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

CR2E045 (8/05)