## 2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 Sm1-007 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_ Special Instructions to Filing Officer:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: SILVER DOWNS CONDOMINIUM ASSOCIATION, INC.
2. The principal	office address: 2180 W SR 434 STE 5000
	LONGWOOD FL 32779-5044
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 06/01/1984 Document number: N03389
	street address of the current registered agent and registered office on file with the truent of State:
	KIRKPATRICK, KEN
	2605 SW 33RD ST BLDG #200
	OCALA FL 34474
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office LCR ART JR JAMES W HART JR
	JAMES W HART JR
	2180 W SR 434 STE 5000
	(P.O. Box NOT acceptable)  LONGWOOD FL 32779-5044
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
	re of an officer or director)  KAY Fined or typed flathe 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.	
(Sig	nature of Registered Agent) (Date)
If signing on behalf of an entity:	
JAMES W H	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 \* \* \*