## 2001835

| (Requestor's Name)                      |  |  |
|---|--|--|
| (Address)                               | i 1880 1811 1811 1811 1811 1800 1800 1811 1811 1815 1816 |  |
| •                                       | 6001862  |  |
| (Address)                               |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
|   | 10/12/1001(  |  |
| (Business Entity Name)                  | 6  |  |
| (Document Number)                       |  |  |
| Certified Copies Certificates of Status |  |  |
| Special Instructions to Filing Officer: |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   | 1 1 1 1 1 1  |  |

Office Use Only

10/12/10



98856

008--009 \*\*35.00

## COVER LETTER

| TO: Amendment Division of      | Section<br>Corporations   |  |
|--------------------------------|---|--|
| SUBJECT:                       | Urban Townhomes   | Association, Inc.  |
| DOCUMENT NUN                   | ивек: N04   | 000001835  |
|                                |   | e/Agent and fee are submitted for filing.  |
|                                | respondence concerning this matte   |  |
| _                              | Wade<br>Name of Co  | e Bray<br>ntact Person   |
|                                |   |  |
| -                              |   | lanage<br>ompany   |
|                                |   |  |
| 4902 Eisenhower Blvd., Ste 216 |   |  |
| _                              | Ado   | ress   |
|                                | Tampa, FI   | 33634-6323   |
| -                              |   | nd Zip Code  |
| -7                             | Transition@Real E-mail address: (to be used for   | alManage.com Future annual report notification)  |
| For further informat           | ion concerning this matter, please  | call:  |
|                                | Wade Bray   | at ( 866 ) - 473-2573  |
| Nam                            | e of Contact Person   | Area Code & Daytime Telephone Number   |
| Enclosed is a \$35.00          | check made payable to the Depar   | tment 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 |

TO:

## 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: Urban Townhomes Association, Inc.  |   |  |  |
| 2. The principal office address: 4902 Eisenhower Blvd., Ste 216  |   |  |  |
| Tampa, FI 33634-6323   |   |  |  |
| 3. The mailing address (if different):   |   |  |  |
| 4. Date of incorporation/qualification: 02/20/2004 Document number:  | N04000001835  |  |  |
| <ol><li>The name and street address of the current registered agent and registered office on file<br/>Florida Department of State: (If resigned, enter resigned)</li></ol>   | with the  |  |  |
| Henry Heidenreich  |   |  |  |
| 4970 Park Blvd.  |   |  |  |
| Pinellas Park, FL 33781  |   |  |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered (if changed):  RealManage, LLC  | Office SEE, FL  |  |  |
| 4902 Eisenhower Blvd., Ste 216   |   |  |  |
| P.O. Box NOT acceptable  | )   |  |  |
| Tampa, FI 33634-6323   | _   |  |  |
| The street address of its registered office and the street address of the business office of as changed will be identical.   | f its registered agent,   |  |  |
| Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.  | an officer so   |  |  |
| Kum Kum Keyn Keyn Signature of an officer or director Printed or typed name as   | eeves   |  |  |
| 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 confirmed to the proper address, I he corporation has been notified in writing of this change. | complete performance<br>ered agent. Or, if this<br>ereby confirm that the |  |  |
| Wade Bray 09/01/201  | 10  |  |  |
| Signature of Registered Agent Date   |   |  |  |
| If signing on behalf of an entity:   |   |  |  |
| Wade Bray, Director, RealManage 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)