## N04000003510

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

Office Use Only



600041725776

10/22/04--01005--022 \*\*35.00



RA Chg.

1/29

## **COVER LETTER**

;	TO: Amendment Section Division of Corporations
-	SUBJECT: Partnership for Community Preservation, Inc.
	DOCUMENT NUMBER:
	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:
	Name of contact person)
	Partnership for Community Preservation, Inc.
	4647 Riverton Drive (Address)
	Orlando FL 32817 (City/state and zip code)
	For further information concerning this matter, please call:
	Fran James at (407) 275-6417 (Name of contact person) (Area code & daytime telephone number)
	(Name of contact person) (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  Division of Corporations  409 E. Gaines Street  Tallahassee, FL 32399

## 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 Forida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Partnership for Community Preservation, Inc.
2. The principal office address:
4647 Riverton Dr., Orlando FL 32817
3. The mailing address (if different):
4. Date of incorporation/qualification: 4104 Document number: NO400003510
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Sharon D. Bramlett
1868 Queen Palm Drive
Apopka FZ 32712 PS G
Hpopka 12 32712
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Frances L. James
4647 Riverton Dr.  (P.O. Box NOT acceptable)
Orlando Fl 32817
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.
Hancos Hounes Frances L. James, President (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.
Signature of Registered Agent)  10 16 04
If signing on behalf of an entity:
The day Deletal News
(Typed or Printed Name)

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