## N04000003970

•
(Requestor's Name)
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ON SERVICE COMPANY.			
ACCOUNT NO. : 072100000032			
REFERENCE : 153969 4328337			
AUTHORIZATION :			
COST LIMIT : \$ 35			
ORDER DATE : June 5, 2006			
ORDER TIME: 10:15 AM			
ORDER NO. : 153969-010			
CUSTOMER NO: 4328337			
CHANGE OF AGENT			
NAME: SOUTHERN HORIZONS OF BREVARD COUNTY, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
CERTIFIED COPY  XXX PLAIN STAMPED COPY			
CONTACT PERSON: Harry B. Davis EXT# 2926  EXAMINER:			

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

statement of chai	or ovisions 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 to change its registered office or registered agent, or both, in the State of Florida	
1. The name of the	he corporation: Southern Horizons of Brevard County, Inc.	
2. The principal of	office address: 709 South Harbor City Boulevard, Suite 250	
	Melbourne, FL 32901	
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 04/21/2004 Document number: N0400003970	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the truent of State:	
	Ronald M. Sellers	
	c/o Melbourne Housing Authority	
	615 Kurek Court, Merritt Island, FL 32953	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office  Meg Knight  2120 O'Connel Avenue S W	• •
	Meg Knight	-
	2120 O'Connel Avenue, S.W.	רכט
•	(PO Box NOT acceptable)	
,	2120 O'Connel Avenue, S.W.  (PO Box NOT acceptable)  Palm Bay, FL 32908	
The street address as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was	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.	
Markey	Meg Knight, Secretary (Printed or typed name and utle)	
I hereby accept to I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity, of comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
Meta	hatcher of Registered Agent) 5/24/06 (Date)	
If signing on bel	nalf of an entity:	
	voed 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)