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N0400006244	
(Requestor's Name) (Address) (Address)	600274984546
(City/State/Zip/Phone #)	07/13/1501033006 **35.00
(Business Entity Name) (Document Number)	,
Certified Copies Certificates of Status	
	FILED 15 JUL 13 AH 7: 10 15 States States 15
Office Use Only	JUL 1 5 2015

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

1. The name of the corporation: Savanna at Plantation Palms Homeowners Association, Inc.

## 2. The principal office address: Community Management Services, Inc., 5837 Trouble Creek Rd., New Port Richey, FL 34652

3. The mailing address (if different):\_

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4. Date of incorporation/gualification: 6/23/2004	Document number: N0400006244
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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)

Associa Gulf Coast, Inc.

9887 4th Street N., Suite 301

St. Petersburg, FL 33702

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

Community Management Services, Inc.

5837 Trouble Creek Rd.

P.O. Box NOT acceptable

New Port Richey, FL 34652

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.

Tim D. Hodes fficer or director Printed or typed

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.

enature of Registe ed a If signing on behalf/of an entity

Typed or Frinted Name

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(T)

\* \* \* 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 (03/12)