N540000663)

		<u> </u>
Florida Associ 102 Park Place I Kissimmee, FL	iation Managemer Blvd., Suite D-2 34741	- ' ·
(Address)		
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
•		
(Document Number)		
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900109690399

09/24/07--01076--024 **35.00

RA Loch

OT SEP 24 PM 3: 39
SECRETARY OF STATE
MANASSEE. FLORIDA

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 Horida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: (/ubhouse Heritage Phase II Property Of
2. The principal office address: 3421 Stoneway Brive
Lakeland, FL 33812
3. The mailing address (if different): 102 Park Place Blvd, Ste-D-2
Kissinmee, FL 3474/
4. Date of incorporation/qualification: 1-2-04 Document number: NO40000 6632
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Darrin Rose
3421 Stoneway Drive
Lakeland, FL 338/2
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Florida Association Management, Inc.
102 Park Place Blud, Suite D-2 (P.O. Box NOT acceptable)
Kissimmee, FL 34741
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.
(Signature of arrotticer or director) Darring Rose (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 seent) (Bate)
If signing on behalf of an entity:
Dollie Box
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE