## N04000008958

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Pachang

APR 0 9 2010

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Drewting Commerce Center Property Owners Association
DOCUMENT NUMBER: NO4 0000 8958
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
Commercial Florida Management
408 E. Ridgewood Avenue
Olando FL 32903 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
La Ann Horan at (407) 481-5403 e.d. 22  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2010

LOU ANN HORTON COMMERCIAL FLORIDA MANAGEMENT 408 EAST RIDGEWOOD AVE. ORLANDO, FL 32803

SUBJECT: DREWTINA COMMERCE CENTER PROPERTY OWNERS

ASSOCIATION, INC.

Ref. Number: N04000008958

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must have original signatures.

PLEASE UPDATE #6 OF THE CHANGE OF REGISTERED AGENT FORM WITH THE COMPLETE NAME OF THE NEW REGISTERED AGENT.
\*\*\*\*PRINTOUT ATTACHED\*\*\*\*\*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Dariene Connell Regulatory Specialist II

Letter Number: 910A00005647

## 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
1. The name of the corporation: DREWTINA COMMERCE CENTER PROPERTY OWNERS ASSOCIATION, INC.
2. The principal office address: Clo Commercial Flunda Management 408 E. Ridge wood Avenue, Mando 1962 32803
3. The mailing address (if different):
4. Date of incorporation/qualification: 4171204 Document number: VUHOU009959
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)
Miller, South, Milhausen (Carr, PA - Resigned 301 S. New York Avenue, Sate 200 Winter Park, Pa 32789
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Commercial Flonda Management - Lov Ann Horton  408 E. Ridgewood Avenue  P.O. Box NOT acceptable  Mando H. 32803
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.  Mike Benshoof Mes. P.O.A.  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  Date  Date  Typed or Printed Name

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