N04000010461

(Re	questor's Name)	
(Ad	dress)	•
(Ad	dress)	
(Cit	:y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL .
. (Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Addison Place Homeowner's Association Inc. (Name of Corporation)
DOCUMENT NUMBER: N04000010461
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:
Angelia L Gordon
(Name of Contact Person)
All About Management
All About Management (Firm/Company)
(1 mm company)
PO Box 1569 (Address)
Sanford, FL 32772
(City/State and Zip Code)
For further information concerning this matter, please call:
Angelia L Gordon at (407) 688-7405 (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 Street Address: Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

P.O. Box 6327

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

	rovisions of sections 607.0502. 617.0502. 607.1508, or 617.1508. Florida Statutes, this
	ge is submitted for a corporation organized under the laws of the State of
<u>-10[10a</u> in order	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	e corporation: Addison Place Homeowner's Association Inc.
2. The principal of	office address: 206 Elm Avenue
	<u> </u>
3. The mailing ad	idress (if different): PO Box 1569
Sanford,	FL 32772
	oration/qualification: 11-5-04 Document number: N04000010461
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	Angelia Gordon
	201 W. Canton Avenue #125A
	Winter Park, FL 32789
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	All About Management Inc.
	206 Elm Avenue
	(P.O. Box NOT acceptable)
	Sanford, FL 32771
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the componant in has been notified in writing of the change.
1/1/1/2	(Printed or typed name and title)
	V - V -
of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of an familiar with and accept the obligation of my position as registered agent. Or, if this no filed merely to reflect a change in the registered office address I hereby confirm that the been notined in writing of this change.
Corporation 199	Deen notified in whiting of this change.
(Sig	nature of Registered Agent) /(Date)
If signing on be	half of an entity:
ANGE	half of an entity: (1:AL UPROWN—ALLABOUT MANAGEMENT (Typed or Printed Name)

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