N04000011242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Change

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TALLAHASSEE, FLORIDA

PETR
8/4/10

* 00789, 00721, 00624, 00671

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: STONEBRIDGE COMMONS COMMUNITY ASSN INC
Name of Corporation

DOCUMENT NUMBER: N04000011242

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:

TARA L. BARRETT
Name of Contact Person

BROWN,GARGANESE, WEISS & D' AGRESTA, P.A.
Firm/Company

111 N. ORANGE AVE, SUITE 2000
Address

ORLANDO, FL 32802-2873
City/State and Zip Code

FIRM@ORLANDOLAW.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TARA BARRETT at (407) 425-9566
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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

Paid By Check Number: 1642 - Paid Amount: $35.00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2010

Tara L. Barrett
Brown, Garganese, Weiss & D'Agresta, P.A
111 N. Orange Ave, Suite 2000
Orlando, FL 32802-2873

SUBJECT: STONEBRIDGE COMMONS COMMUNITY ASSOCIATION, INC.
Ref. Number: N04000011242

We have received your document for STONEBRIDGE COMMONS COMMUNITY ASSOCIATION, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the current name of the entity is as it appears on the enclosed computer printout. Please correct the name throughout the document.

The document must have original signatures.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 110A00017978

RECEIVED
2010 AUG -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, 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 FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Stonebridge Commons Community Association, Inc.

2. The principal office address: 6302 DUCADOS POINTE ORLANDO, FL 32835

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/28/2010 Document number: N04000011242

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)

KATZMAN GARFINKEL & BERGER

1501 NW 49TH STREET, 2ND FLOOR

FORT LAUDERDALE, FL 33309

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

BROWN, GARGANESE,WEISS & D'AGRESTA, P.A.

111 N. ORANGE AVE, SUITE 2000

P.O. Box NOT acceptable

ORLANDO, FL 32802

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TALLAHASSEE, FLORIDA

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 an officer or director — 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: 8/2/10

If signing on behalf of an entity:

Tara L. Barrett

Typed 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)