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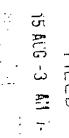
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: <u>Avenues Business Center Condominium A</u> wner's Association, INC Name of Corporation
DOCUMENT NUMBER: NO.5 0000000 80
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 Horizon Realty Management INC Firm/Company 7645 Gate Parkway Suite 202 Address / Jacksonville The 32256 City/State and Zip Code t docking a horizon fl. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tammy Docicins at (904) 641-1232 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

CR2E045 (03/12)

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 horizon
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Convenues Buciness Center Condominium Owner's assac Tre
2. The principal office address: 55 70 Florida Mining, BLVD Unit #407 Jackson ville, FL 32257
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/03/2005 Document number: NOS 00000080
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)
Tammy Dockins
10109 Bishop Jake Road W To Jacksonville, Til 32256
Jacksonville, Fil 32256
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Tammy Dockins 7645 Gate Park Way Sicite 202 P.O. BOX NOT acceptable
Jacksonville, FL 32256
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 De Signature of an officer of the Country Printed or typed name and title Great for Owner
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
If signing on behalf of an entity:
Typed or Printed Name

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