N0500000746

(Request	or's Name)	
(Address))	
(Address	<u> </u>	
(City/Stat	e/Zip/Phone #	(f)
PICK-UP	WAIT	MAIL MAIL
(Business	s Entity Name	*)
(Docume	nt Nümber).	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: SAFASOTA PAIMS CNOOMINIUM ASSOCIATION INC. Name of Corporation
DOCUMENT NUMBER: NOSOOOOO 746
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:
Deb Girrord Name of Contact Person
Argus Property Mongo ment INC.
2477 STICK Ney BINT ROAD SOITE 118 A
Sprasota 6/. 34231 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deb Gifford at (941) 927-6464 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

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
in order to change its registered office or registered agent, or both, in the State of Florida.
0/ 1/ 1
1. The name of the corporation: SARASOTA PALAS LONDON PLUME ASSOCIATION TAKE
2. The principal office address: 2725 Coco Not Bay Lane
5 Praso 7 A Fl. 34237
3. The mailing address (if different): 2477 STICKNEY FOINT KORD SUITS 1/8
SAVASOTO F. 39231
4. Date of incorporation/qualification: 4/34/3005 Document number: NOS00000746
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)
COAD, Mc Elenather M For 3
1820 Rengling Bookenard FE & TI
SACROTA F1. 34236 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Dob Gifford
Argus Profetty Management Ind
2477 STICKNRY POINT Rd. SUITE 118-A SAMSOFA FT. 34231
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.
Susan Marks V.P. Saraseta Palms Signature of an origer 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 Marcha 3, 2009 Date
If signing on behalf of an entity: ACCOUNT 7835
Typed or Printed Name * * * FILING F. S.
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)