N05000001853

(Re	questor's Name)	
(Add	dress)	
(Ad-	dress)	
(Cit	y/State/Zip/Phone	e #)
	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u></u>
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700180711867

07/15/10--01002--002 **35.00

FILING CANCELLED RETURNED CHECK

> ZON JUL 14 A II: 3: SECRETARY OF STATE

RACharge Thewis 7-15-10



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 10, 2009

VISTA TRACE 6 CONDOMINIUM ASSOCIATION, INC. % THE CONTINENTAL GROUP, INC. 2950 N. 28TH TERR. HOLLYWOOD, FL 33020

SUBJECT: VISTA TRACE 6 CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N05000001853

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 509A00035256

SECRETARY OF STATE

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.	
1. The name of the corporation: 45TA TRACE 6 Condons nion Association	٠, ٠
2. The principal office address: 90 the Control (on op, Inc. 11981 SW 144 CT. Softe 201, Man, 7133186	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 09 99 2005 Document number: NO5000001853	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: CAUGO A TOSAY SECRETARY SECRETARY	
6. The name and street address of the new registered agent (if changed) and for registered officers (if changed): Sociation Saw Group	
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 beard of the change. (Signature of an efficiency accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to tomply 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.	
(Signsture of Registered Agent) (Date)	
If signing on behalf of an entity:	
ASSOCIATION LAW GROUP	

* * * 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)

Paid By Check Number: 6003 - Paid Amount: \$35.00