N0500001935

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SECRETARY OF STATE

We want

COVER LETTER

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

TO:

Amendment Section Division of Corporations

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: Serenade on Palmer Ranch Condominium Association, Inc.
2. The principal office address: 5100 Northridge Road, Sarasota, FL 34238
3. The mailing address (if different):
4. Date of incorporation/qualification: 2-24-05 Document number: N05000001935
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Progressive Community Management, Inc.
1801 Glengary Street
Sarasota, FL 34231
6. The name and street address of the new registered agent (if changed) and /or registered office of the changed): Argos Property Management 2477 Stickney Point Rd. Stell A (P.O. Box NOT acceptable) Savasota FL 3423
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 of the corporation has been notified in writing of the change. Signature of an officer of director) Lance Smith President (Printed or typed name and life)
I hereby accept the appointment as legistered 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 Printed Jame)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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