## N050003451

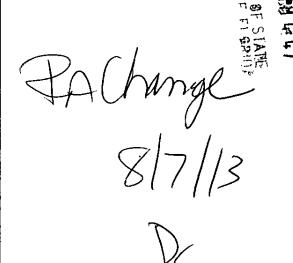
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Office Use Only



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## **COVER LETTER**

SUBJECT: Polician Paints Townson Support Dumon Support Dum

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Polican Points. Townhomes Tropoly June 2. The principal office address: 1300 Pany Stroot Association, Inc.
Sominale, FL 33777
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/4/2005 Document number: NDS 000003451
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)
Vide, lueline J
1015 W Sole Mobry Huy, Suite A
Tampa, FL 33/e/8
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Solve 4 truscio, P.A.  5550 W Eventing D. # 250
P.O. Box NOT acceptable  7007 pa + 1 33609
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.
Vhous Look Signature Dan offices or director  Karen C Stots President 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
If signing on behalf of an entity:
FRANCIS E FRISCIA
Typed or Printed Name

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