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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

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Account Name : CORPDIRECT AGENTS, INC.
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
SOLIVITA WEST COMMUNITY ASSOCIATION, INC.**

Certificate of Status	0
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**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: SOLIVITA WEST COMMUNITY ASSOCIATION, INC.
 2. The principal office address: 201 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES FL 33134 US
 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/28/2005 Document number: N08000004419

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)

KERRIGAN, JUANITA I
201 ALHAMBRA CIRCLE, 12TH FLOOR
CORAL GABLES FL 33134 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI SERVICES, INC.
515 EAST PARK AVENUE
P.O. Box NOT acceptable
TALLAHASSEE, FL 32301

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.

Patricia K. Fletcher PATRICIA K. FLETCHER, OFFICER
Signature of the Officer 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.

Michele Holden 7/7/11
Signature of Registered Agent Date

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
 CA328045 (8/03)

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