N05000004724

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MA	AL.				
(Business Entity Name)					
(Eddinoso Linkly Name)					
(Document Number)					
(Document Number)					
Codification of Challes					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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2009 NOV 16 AH 8: 52 SECRETARY OF STATE ALLAHASSEE, FLORID*I*

R.A

NOV 23 2009

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: SPANISH OA	KS OF CENTRAL FLORIDA Name of C		OCIATION, INC	
DOCUMENT NUMBER: N05000004724				
The enclosed Statement of C	hange of Registered Office	e/Agent and fee are sui	bmitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:		
	TERRY BONZELL	A		
	Name of Cor	ntact Person	- 	
	Firm/Co	mnamu		
	FILLIDCO	mpany		
	5127 SPANISH C	AKS DRIVE		
	Addı			
	spanishoaks@tar	RIDA 33805-7682 d Zip Code		
E-mail ac	idress: (to be used for fu	iture annual report n	otification)	
For further information conce	rning this matter, please c	. 900	868-758 %	
Name of Cont	act Person	Area Code & Da	ytime Telephone Number	
Enclosed is a \$35.00 check m	ade payable to the Departi	ment of State.		
Ame Divis P.O.	ing Address: ndment Section sion of Corporations Box 6327	Clifton Bui	t Section Corporations Iding	
Talls	hassee, FL 32314	2661 Execu Tallahassee	tive Center Circle , FL 32301	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sec statement of change is submitted	for a corporation organ	sized under the laws of the Sta	te of			
		ered agent, or both, in the Sta	•			
1. The name of the corporation:_						
2. The principal office address: 5127 SPANISH OAKS DRIVE, LAKELAND, FLORIDA 33805-7682						
3. The mailing address (if different	nt):					
4. Date of incorporation/qualifica	ntion: 05/09/2	009 Document number:	N05000004724			
5. The name and street address of Florida Department of State: (I			file with the			
	ELLIOT, KAY					
	5018 GREENBROOK LN					
	LAKELAND FL 33811					
The name and street address of (if changed):	f the new registered ager	nt (if changed) and /or register	2009 NOV 16			
	TERRY BONZELLA					
	5127 SPANISH OA	KS DRIVE	- CG 8:			
	P.O. Box NO	T acceptable	S2			
	LAKELAND FL 338	05-7682				
The street address of its register as changed will be identical.	ed office and the street	address of the business offic	e of its registered agent,			
Such change was authorized by authorized by the board, or the c	resolution duly adopted orporation has been no	l by its board of directors or tified in writing of the chang	by an officer so			
Tim Commone	/	TIM	CONNORS			
Signature of an officer or direct	tor	Printed or typed nam	e and title			
I hereby accept the appointment I further agree to comply with th of my duties, and I am familiar v document is being filed merely to corporation has been notified in	as registered agent an se provisions of all stat with and accept the obl o reflect a change in th writing of this change.	d agree to act in this capacit utes relative to the proper an igation of my position as reg e registered office address, l	y. ud complete performance istered agent. Or, if this hereby confirm that the			
Signature of Registered A	neati .	// /09/6	9			
If signing on behalf of an entity:	-	17aic	٠			
Terry Bo	ouze/la					
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 CR2E045 (8/05)