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COVER LETTER

TO:	Amendment Section Division of Corporations	
SURJI	JECT: East Kaley Street Homeowners Associat	ion, Inc.
	(Name of Corporation	
DOCU	UMENT NUMBER:_ H05000006180	
The en	enclosed Statement of Change of Registered Office/Agent an	d fee are submitted for filing.
Please	e return all correspondence concerning this matter to the foll	lowing:
	Max P. Wright, Esquire (Name of Contact Person	m)
	(Name of Contact Leise	m)
	General Law Practice	
	(Firm/Company)	
	4445 Edgewater Drive	
	(Address)	<u> </u>
	Orlando, FL 32804	
	(City/State and Zip Cod	e)
For fur	orther information concerning this matter, please call:	
Max P	P. Wright, Esq. at (40' (Name of Contact Person)	7) 295-4701 ea Code & Daytime Telephone Number)
	(Name of Contact reson) (Are	sa Code & Daytime Telephone Number)
Enclos	sed is a \$35.00 check made payable to the Department of St	ate.
	Amendment Section Division of Corporations P.O. Box 6327	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

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of Florida State of Flor	orida
	r to change its registered office or the corporation: East Kaley Street	registered agent, or both, in the State of Flor	rida.
		d Avenue, Suite 200, Orlando, FL 32803	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 6/14/05	Document number: H05000006	3180
	d street address of the current regist tment of State:	tered agent and registered office on file with t	he
	Valerie L. Lord, Esq.		
	600 South Northlake Bould	evard, Suite 160	
	Altamonte Springs, FL 3270	01	,
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office	宝丽 差 二
	Max P. Wright, Esq.		-2 P TARY (ASSEE
	4445 Edgewater Drive		EFFET ST
	(PO. Box NOT ac Orlando, FL 32804	ceptable)	21 PATE ORIDA
The street addre	ess of its registered office and the be identical.	street address of the business office of its re	egistered agent,
J		dopted by its board of directors or by an officen notified in writing of the change.	ficer so
(Signati	E. Administration of director)	Anne Shard-Adams - Director (Printed or typed name and title))
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co	ent and agree to act in this capacity, ill statutes relative to the proper and compl he obligation of my position as registered a e in the registered office address, I hereby o hange.	ete performance gent. Or, if this confirm that the
Magge	nicho	12/27/06	
	mature of Registered Agent) half of an entity:	(Date)	
т)	yped or Printed Name)		

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