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COVER LETTER

Amendment Section Division of Corporations TO:

SUBJECT: The Residen	ces at University	y Groves Associa	ation, Inc
DOCUMENT NUMBER:	N05	000008360	
The enclosed Statement of Char	ige of Registered Offic	ce/Agent and fee are sub	omitted for filing.
Please return all correspondence	concerning this matte	er to the following:	
	Kevin T. V	Wells, Esq.	
	Name of Co	ontact Person	
		Kevin T. Wells, P.A	
	Firm/C	ompany	
		Street, Suite 808	
	Sarasota, F	lorida 34236 nd Zip Code	
	kwells@kevin	•	
E-mail addr	ess: (to be used for f	uture annual report no	otification)
For further information concerni	ng this matter, please	call:	
Kevin T. Well	s, Esq.	at (941)	366-9191 Lytime Telephone Number
Name of Contact	Person	Area Code & Da	lytime Telephone Number
Enclosed is a \$35.00 check made	payable to the Depar	tment of State.	
Amend Divisio P.O. Bo	Address: ment Section n of Corporations ox 6327	Clifton Buil	Section Corporations ding
Tallaha	ssee, FL 32314	2661 Execu	tive Center Circle

Tallahassee, FL 32301

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

Pursuant to the provisions of section statement of change is submitted for in order to change its regis	r a corporation organize	ed under the laws of the Sta	_{te of} Florida
1. The name of the corporation: Th		-	
2. The principal office address: 10	77 Northgate bivu.,	#4, Sarasota, Florida	- 14234
3. The mailing address (if different)	·		
4. Date of incorporation/qualification	n: 08/15/2005	Document number:	N05000008360
5. The name and street address of th Florida Department of State: (If r		nt and registered office on f	île with the
Law Offices of	Kevin T. Wells		
1800 Second S	Street, Suite 803		
Sarasota, Flori	da 34236		
6. The name and street address of th (if changed):	e new registered agent (if changed) and /or register	ed office
Law Offices of	Kevin T. Wells		
1800 Second S	Street, Suite 808		
Sarasota, Flori	P.O. Box NOT ac	эсериале	THE STATE OF
The street address of its registered as changed will be identical.		dress of the business offic	e of its registered agent,
Such change was authorized by resauthorized by the cor	solution duly adopted b poration has been notif	\sim	
Signature of an officer or director		K-D BENNETT	FIRE DENT
I hereby accept the appointment as I further agree to comply with the of my duties, and I am familiar wil document is being filed meyely to r corporation has been notified in w	provisions of all statute h and accept the obliga reflect a change in the r	agree to act in this capacit is relative to the proper an ition of my position as reg egistered office address, I	y. ad complete performance istered agent. Or, if this hereby confirm that the
Signature of Registered Agen	t -	12-19- Date	2011
If signing on behalf of an entity:			
Kevin T. Wells, Es Typed or Printed Name	q		,

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