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FORT LAUDERDALE BOYNTON BEACH ST. AUGUSTINE ORLANDO NAPLES MIAMI

PLEASE ADDRESS ALL CORRESPONDENCE TO:

1501 NORTHWEST 49TH STREET, 2ND FLOOR FORT LAUDERDALE, FLORIDA 33309 TEL 954.486.7774 FAX 954.486.7782

PLEASE RESPOND DIRECTLY TO:

LEIGH C. KATZMAN, ESQ. lkatzman@AskTheFirm.com

June 30, 2008

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: The Avalon of Orange County Condominium Association, Inc.

Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly filled out by this office. Furthermore, enclosed please find a check made payable to the Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN GARFINKEL

Leigh C. Katzman, Esq Managing Partner

LCK:hap Enclosure

cc: Property Manager

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

Pursuant to th	ne provisions of sections 607.05	02, 617.0502, 607.1508,	or 617.1508, Florida Statutes,
this statement of Florida	of change is submitted for a corp in order to change its re		the laws of the State of red agent, or both, in the State
of Florida.			
1. The name of	f the corporation: The Avalon of o	Orange County Condomini	um Association, Inc.
2. The principa	al office address; 4417	S. Semoran	Blud
	Orlando FL	32822	TAL SE
3. The mailing	address (if different):Sarr	ne	LAFA A
4. Date of inco	orporation/qualification:09/14/	2005 Documen	t number: N05000009495
	nd street address of the current reartment of State:	gistered agent and registe	red office on file with
	Joshua Bateman		
	4417 South Semoran Boulevard	d	
	Orlando, Florida 32822		
6. The name a changed):	and street address of the new re	gistered agent (if change	d) and /or registered office (if
	1501 Northwest 49th Street, Suit	re 202	••••
	(P.O. Box or perso	nal mailbox NOT acceptable)	
	Tort Lauderdale, Florida 35509		
The street addr agent, as chang	ress of its registered office and the ged will be identical.	he street address of the b	usiness office of its registered
Such change was authorized by t	yas authorized by resolution duly the bard, or the corporation has	adopted by its board of been notified in writing	/
(Signature of an office	r, chairman or vice chairman of the board)	(Printed or typ	ed name and title)
i turther aoree	t the appointment as registered to comply with the provisions of my duties, and I am familiar when to this document is being I hereby confirm that the corpo	t all statutes relative to t	he proper and complete
	Signature of Registered Agent)	06-24	-08
		(Date)
If signing on beha.	L KATZMAN	MANAGING	PARTNER
	Typed or Printed Name)		apacity)

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