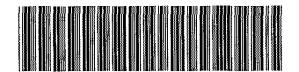
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(Re	equestor's Name)	
(Ad	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Chandler's Corner Homeowner's Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: NO5000009717
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel W. Hartman
(Name of Contact Person)
Ard, Shirley and Hartman, P.A. (Firm/Company)
207 West Park Avenue, Suite B (Address)
Tallahassee, Florida 32301 (City/State and Zip Code)
For further information concerning this matter, please call:
Daniel W. Hartman at (850) 577-6500 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

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: Chandler's Corner Homeowner's Association, Inc.
2. The principal office address: 83 US HWY 98, Eastpoint, FL 32328
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/20/2005 Document number: N05000009717
The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Curtin, Jeanne B. Ard, Shirley & Hartman, P.A.
207 West Park Avenue, Suite B
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Daniel W. Hartman
207 West Park Avenue, Suite B
(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.
(Signature of an officer organicator) Havon (Dray (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 comporation has been notified in writing of this change. 7-170 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
(1yped of 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)