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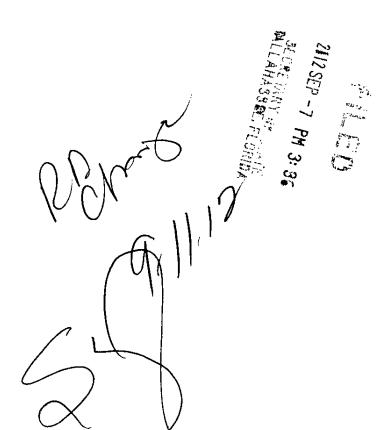
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COVER LETTER

TO: Amendment Section Division of Corporations

Name of Corporation

DOCUMENT NUMBER: N0500010149

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:

Name of Contact Person

Crownpoint Center Owners Association, Inc.

Firm/Company

13191 Starkey Rd #6

Address

Largo, FL 33773

City/State and Zip Code

evadevries30@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eva Devries at (727 251-8659

Name of Contact Person 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
P.O. Box 6327
Tallahassee, FL 32314

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	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florid rganized under the laws of the State o gistered agent, or both, in the State o	f Florida
1. The name of the	he corporation: Crownpoint Cer	nter Owners Association, Ir	nc.
2. The principal Largo, FI	office address: 13191 Starkey I	Rd #10	
3. The mailing ac	ddress (if different): 13191 Stark	key Rd #6	
4. Date of incorp	poration/qualification: 09-30-200	Document number: N050	000010149
5. The name and		red agent and registered office on file	
	Kenneth A Kmet resigned 188	30 Belleair Rd Clearwater, Fl 3376	4
6. The name and	street address of the new registered	agent (if changed) and /or registered	212 SEP
(if changed):	Eva Devries 13191 Starkey Rd #6		7 PH 3: 3
		NOT acceptable	7
The street addre	ss of its registered office and the str be identical.	reet address of the business office of	its registered agent,
Such change wa authorized by th	is authorized by resolution duly ado be board, or the corporation has been	pted by its board of directors or by a notified in writing of the change. EUR DeVVIES	•
_	the appointment as registered agen the appointment as registered agen o comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notifi	Printed or typed name and a gree to act in this capacity, statutes relative to the proper and c nd accept the obligation of my posit, reflect a change in the registered of the writing of this change.	tutte
E De	nature of Registered Agent	8.2.12 Date	
If signing on be	half of an entity:		
Ту	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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