Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

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: (850)878-5368

REGISTERED AGENT CHANGE

CAMBUR ESTATES CONDOMINIUM OWNERS ASSOCIATION, INC.

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Corporate Filing Menu

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7/14/2009

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

statement of ch	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this thange is submitted for a corporation organized under the laws of the State of Florida the to change its registered office or registered agent, or both, in the State of Florida.	
I. The name of	of the corporation; CAMBUR ESTATES CONDOMINIUM OWNERS ASSOCIATION, INC.	
	al office address:	
	address (if different):	
4. Date of incor	prporation/qualification: 3/22/2006 Document number: N06000003244	
5. The name and Florida Depa	nd street address of the current registered agent and registered office on file with the artment of State:	
	A.G.C. CO.	
	200 SOUTH ORANGE AVE., SUITE 2300	
٠	ORLANDO FL 32801 US	3
6. The name and (if changed):		
	C T Corporation System	•
	c/o C T Corporation System, 1200 South Pine Island Road	
	(P.O. Box NOT accoptable)	
	Plantation, Florida 33324	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent,	
Such change we authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.	
(Signity	who to the form of the state of	
I hereby accept I further agree to of my duties, and document is beli corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.	•
By: Dell	Ignature of Registered Agent) 7-10-2005	
If signing on bei	chalf of an entity: Barbara A. Burke Special Assistant Secretary	
(ग	Typed or Printed Nume)	
•	* * 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)