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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

TO: Amend Division	lment Section on of Corporations						
SUBJECT:	Providence Lakes	Executive Pa Name of Corpora	rk Association	n, Inc.			
DOCUMENT	NUMBER:	N060000	03976				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return al	l correspondence concernin	g this matter to the	e following:				
•							
Todd C. Amaden, President							
		Name of Contact I	erson				
	c/o S	Steven L. Spark:	man. P.A.				
c/o Steven L. Sparkman, P.A. Firm/Company							
P.O. Box 2058							
	Address						
			•				
Plant City, FL 33564-2058 City/State and Zip Code							
City/State and Zip Code							
todd@amadeneng.com							
	E-mail address: (to be	e used for future	annual report not	ification)			
For further info	rmation concerning this ma	tter, please call:		·			
	Steven L. Sparkman	at (	813	759-1444			
	Steven L. Sparkman Name of Contact Person		Area Code & Dayı	time Telephone Number			
Enclosed is a \$	35.00 check made payable t	to the Department	of State.				
	Mailing Address:	ion	Street Address	<u>L</u>			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

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

-	provisions of sections 60 nge is submitted for a co				
	r to change its registerea		_	-	
1. The name of t	he corporation: Provic	lence Lakes E	xecutive Park	Association,	Inc.
2. The principal	office address: 1309 P	rovidence Road			· · · · · · · · · · · · · · · · · · ·
	Brando	n, FL 33511			
3. The mailing a	ddress (if different): (Sa	ıme)			
4. Date of incorp	oration/qualification:	April 10, 2006	_ Document number	er:N06000	0003976
	street address of the curt tment of State: (If resigne		and registered office	ce on file with the	
	Steven	L. Sparkman			# DIVER
	212 N. (	Collins Street, S	uite 1		NISION OF CO
	Plant Ci	ty, FL 33563			Frank 22
6. The name and (if changed):	street address of the new	registered agent (if	changed) and /or re	egistered office	REPORTATIONS AM 11: 39
	(Name	Unchanged)			<b>-</b>
	102 W.	Reynolds St., S	uite 201		
	Plant Ci	ty, FL 33563			
The street addre as changed will	ss of its registered office be identical	e and the street add	ress of the business	s office of its regist	ered agent,
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted by ion has been notific	its board of directed in writing of the	ors or by an officer change.	so
•	e of an officer or director	<del>-</del> -	Printed or ty	maden, Preside	
I hereby accept if further agree to further agree to further, and document is being corporation has	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and ag sions of all statutes I accept the obligat I a change in the re of this change.	gree to act in this co relative to the proj ion of my position o gistered office addi	apacity. per and complete p as registered agent ress, I hereby confi	erformance . Or, if this rm that the
Steven	2. Sparkera lature of Registered Agent	:n	march 1	8 2011	
If signing on bel	nalf of an entity:				
- <b>-</b>	. •				
Ту	ped or Printed Name				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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