## N06000008431

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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RAMONSE

DEPARTMENT OF STA

PILED
2013 JAN 22 PM 4: 04
TALLAHASSEE, FLORIDA

50R 122/13



ACCOUNT NO. : I2000000195

REFERENCE: 461241 7740520

AUTHORIZATION

COST LIMIT

ORDER	DATE	:	December	17,	2012

ORDER TIME : 1:42 PM

ORDER NO. : 461241-080

CUSTOMER NO: 7740520

## CHANGE OF AGENT

NAME: CONNERTON COMMERCE PARK

ASSOCIATION, INC.

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:

\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 52949

EXAMINER:

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

	<del>-</del>	17.0502, 607.1508, or 617.1508, Florida S organized under the laws of the State of $\underline{f}$		
		registered agent, or both, in the State of F		
1. The name of t	he corporation: CONNERTON	COMMERCIAL OWNERS ASSOC	IATION, INC	ე.
2. The principal	office address: 20421 Rose Co	ttage Way, Land O' Lakes, FL 346	37	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 08/09/200	Document number: N06000	008431	
	street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file wit resigned)	th the	
	CT Corporation			
	1200 South Pine Island Roa	ad 📆	<b>2 2 2 2 3</b>	
	Plantation FL 33324		2018 JAN	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered off	iceSE	FILED
	Corporation Service Compa	any	PH 4: 01 OF STATE E. FLORIC	
	1201 Hays Street		RIE RIE	,
		ox NOT acceptable	> -	
	Tallahassee, FL 32301			
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its	registered age	nt,
Such change was authorized by the	s authorized by resolution duly ac the board, or the corporation has be	dopted by its board of directors or by an oben notified in writing of the change.	fficer so	
Signalu	Lelves Te of an officer of director	Deb Reeves, Vice President		-
I further agree to performance of agent. Or, if this hereby confirm	o comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity. ll statutes relative to the proper and comp and accept the obligation of my position to reflect a change in the registered office ified in writing of this change.	as registered	
By: La	es det moy	January 18, 2013		_
ŭ	nature of Registered Agent ) half of an entity:	Date		
0 0	by, Assistant V.P.			
	ped 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 \* \* \*