

NO60000068930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

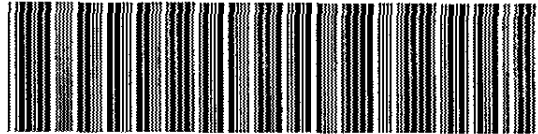
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: HI GROVE COMMERCE CENTER  
OWNERS' ASSOCIATION, INC. (Name of Corporation)  
DOCUMENT NUMBER: (NEW)

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:

SUE CARPENTER  
(Name of Contact Person)

**COMMUNITY MANAGEMENT  
PROFESSIONALS INC  
8401 KIRKMAN RD STE 450  
ORLANDO, FL 32819  
TEL (407) 903-9969**

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

SUE CARPENTER at (407) 903-9969 #105  
(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

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HIGH GROVE COMMERCE CENTER OWNERS' ASSOCIATION, INC.  
2. The principal office address: 5401 S. KIRKMAN RD.  
SUITE 450 ORLANDO FL 32819  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: NEW Document number: NEW  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LARRY GODWIN  
4776 NEW BROAD ST #250  
ORLANDO FL 32814

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COMMUNITY MANAGEMENT  
PROFESSIONALS INC  
5401 KIRKMAN RD STE 450  
ORLANDO, FL 32819  
TEL (407) 903-9969

(P.O. Box NOT acceptable)

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SECRETARY OF STATE

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.

Melissa Meloon  
(Signature of an officer or director)

MELISSA MELOON, SECT.  
(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 corporation has been notified in writing of this change.

Sue Carpenter, Pres.  
(Signature of Registered Agent)

8-9-06  
(Date)

If signing on behalf of an entity:

SUE CARPENTER  
(Typed or 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)