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SECRETARY OF STATE.

COVER LETTER

TO:	Amendme Division	ent Section of Corporations					
SUBJ	ECT:	Andulusia Commercial Co	ndominium One				
		rame or corp.	nation				
DOC	UMENT N	UMBER:N06000	0009628				
The e	nclosed Stat	ement of Change of Registered Office/A	gent and fee are submitted for filing.				
Please	return all c	correspondence concerning this matter to	the following:				
TO: Amendment Section Division of Corporations SUBJECT: Andulusia Commercial Condominium One Name of Corporation DOCUMENT NUMBER: N0600009628 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: Susan M. Kase Name of Contact Person American Condominium Management Firm/Company 615 Cape Coral Pkwy. W. #103 Address Cape Coral, FL 33914 City/State and Zip Code smkmgmt@embarqmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susan M. Kase Name of Contact Person at (239) 542-4404 Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.							
		Name of Contac	t Person				
	Division of Corporations SUBJECT: Andulusia Commercial Condominium One Name of Corporation DOCUMENT NUMBER: N0600009628 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: Susan M. Kase Name of Contact Person American Condominium Management Firm/Company 615 Cape Coral Pkwy. W. #103 Address Cape Coral, FL 33914 City/State and Zip Code smkmgmt@embarqmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susan M. Kase Name of Contact Person at (239) 542-4404 Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section Amendment Section						
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	Firm/Company						
		Address	wy. W. #103				
		Cape Coral, F	_ 33914				
i		City/State and Z	ip Code				
		E-mail address: (to be used for future	e annual report notification)				
For fu	rther inforn	nation concerning this matter, please call:					
			t (239) 542-4404				
	N	ame of Contact Person	Area Code & Daytime Telephone Numb	ber			
Enclo	sed is a \$35	.00 check made payable to the Departmen	nt of State.				
			Amendment Section				
		P.O. Box 6327 Tallahassee, FL 32314	Clifton Building				
		rauanassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 6 inge is submitted for a corporation organized under the la er to change its registered office or registered agent, or bo	tws of the State of _	Florida	nis 	
	the corporation: Andulusia Commercial Cond	·		scient c	n INC
	office address: c/o Rossman Property Manageme				
	l6th Lane #2, Cape Coral, FL 33904				
3. The mailing a	address (if different): (same)				
4. Date of incorp	poration/qualification: Document	number: N	1060000	09628	
	d street address of the current registered agent and register rtment of State: (If resigned, enter resigned)	red office on file wi	th the		
	Michelle Rossman				
	c/o Rossman Property Management		- z.,	21	
	1104 SE 46th Lane #2, Cape Coral, FL 3390	4	SECRE	2009 OCT	71
6. The name and (if changed):	d street address of the new registered agent (if changed) ar	nd /or registered of	TARY O	٦.	m
	Susan M. Kase		- FE	A A	Ö
	c/o American Condominium Management P.O. Box NOT acceptable		TAFE ORIDA	8: 31	
	615 Cape Coral Pkwy. W. #103, Cape Coral,	FL 33914			
The street address changed will	ess of its registered office and the street address of the b	ousiness office of i	ts register	ed agent	t,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	f directors or by ar g of the change.	officer s	0	
Michel	Cle Rossia Mic re of an officer or director Pri	chelle Rossmar	n, CAM		
I hereby accept I further agree of my duties, ar document is bei corporation has	the appointment as registered agent and agree to act in to comply with the provisions of all statutes relative to t ad I am familiar with and accept the obligation of my po ing filed merely to reflect a change in the registered offi s been notified in writing of this change.	n this capacity. the proper and con psition as registere ice address, I here	nplete per ed agent. by confirm	formand Or, if th n that th	ce is e
Quarie	nature of Registered Agent	10/1/2009 Date			
If signing on be	chalf of an entity:				
	Susan M. Kase '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 (8/05)

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