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. (Re	questor's Name)						
(Address)							
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(City/State/Zip/Phone #)							
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(Document Number)							
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

DAVENPORT EST	TATES HOMI	EOWNERS	
ASSOCIATION IN	IC		
			1
<u></u>			-
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			✓ RA Resignation Change of Agent
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature		Fictitious Owner Search	
-			Vehicle Search
	 		Driving Record
Requested by: Seth	07/17/13		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
			UCC 11 Retrieval
Walk-In	Will Pick U	p	Courier

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

statement of cha	provisions of sections 607.05 mge is submitted for a corpo er to change its registered off	ration organi	ized under the laws of t	he State of	Florida.	_
1. The name of t	the corporation: DAVENPO	ORT ESTA	ATES HOMEOWN	ERS' AS	SOCIATION	N, INC
	office address: EPM Se			_		
	ando FL 32811					
3. The mailing a	address (if different): <u>GPM</u>	Services.	5200 Vincland	Rrad	Suite 210	
	undo FL 32811	<u> </u>				
4. Date of incorp	poration/qualification: 09/2	22/2006	Document number	_{r:} <u>N060</u>	00010013	
	d street address of the current rtment of State: (If resigned,			ce on file v	vith the	
	Resigned					
		<u></u>			in the second	
					10 S	***
					- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Market
6. The name and (if changed):	d street address of the new re	egistered ager	t (if changed) and /or r	egistered o	TG 🛣	
	Your Capital Conne	ction Inc	<u>.</u>		TSTA T	
	417 E. Virginia St. S	Ste 1			5高	
	T-II-h 51, 000	P.O. Box NOT	acceptable		-	
	Tallahassee FL 323	307			-	
The street address changed will	ess of its registered office and be identical.	nd the street	address of the business	office of	its registered ag	ent,
Such change wanthorized by the	as authorized by resolution the board, or the corporation	duly adopted has been not	by its board of directo tified in writing of the	ors or by an change.	officer so	
	MA LI		Sweet Cu	1	Director	
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as register to comply with the provision for my duties, and I am familiants document is being filed in that the corporation has be grature of presistered Agent	red agent and as of all state and a merely to refleen notified in	d agree to act in this cutes relative to the proceed the obligation of ect a change in the regree writing of this change			, —
	ehalf of an entity:		·			
Seth Neeley for	or Your Capital Connection	n, Inc.				
	Typed or Printed Name					

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