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## **COVER LETTER**

TO: Amendment S Division of Co			
subject: <u>ba</u>	Meadows East ly (Name of Corpor	rofession Center Owners	Association, Inc
DOCUMENT NUME	BER: NO600001145	56	
The enclosed Statemer	nt of Change of Registered Office/Ago	ent and fee are submitted for filing.	
	spondence concerning this matter to the	_	
	Myra Randolph (Name of Contact		
	Community Manager (Firm/Compa	gement Concepts, Inc.	
	7400 Bay meadows (Address)	Way, Suite 317	
	Jack sonville (City/State and Zi	FL 32257 p Code)	
For further information	n concerning this matter, please call:		
Mya R (Name	and plan at of Contact Person)	( <u>904</u> ) <u>367-8532</u> (Area Code & Daytime Telephone Num	nber)
Enclosed is a \$35.00 c	heck made payable to the Department	t 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
1. The name of the corporation: Bay meadows East Professional Center Owners Associated the principal office address: 8/33 Bay meadows Way  Sackson ville, FL 32256
3. The mailing address (if different): 7400 Bay meadows Way, Suik 317  Sacksonville, FL 32256
4. Date of incorporation/qualification: 1/ 102 2004 Document number: 1060000 11456
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  Law Offices of C. Couy Bond, P. ASS.  11512 Lake Mead Ave. Suite 303  Saeksonwilly, fl 32256  Saeksonwilly, fl 32256
6. The name and street address of the new registered agent (if changed) and /or registered office ( )a (if changed):  Community Management Concepts:  7400 Bay meadows Way, Suik 317  (P.O. Boy NOT acceptable)  Sacksonville, FL 32256
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.  (Signature of an officer or director)  (Printed of typed name and utile)  Thereby 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.  (Signature of legistered Agent)  (I pate)
(Typed or Printed Name)

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