(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800106173408

08/13/07--01054--021 **35.00

DIVISION OF CORPURATIONS

13 120/07 120/07 TO:

Amendment Section Division of Corporations

COVER LETTER

	(Name of Corporation)
DOCUMENT	NUMBER: N07000000785
The enclosed	Statement of Change of Registered Office/Agent and fee are submitted for filing.
Piease return s	dl correspondence concerning this matter to the following:
	Jeff Smith
	(Name of Contact Person)
	Classic Property Management Group Inc. (Firm/Company)
	1170 Tree Swallow Drive Suite 305
	(Address)
	Winter Springs Fia. 32708
For further int	(City/State and Zip Code) formation concerning this matter, please call:
Jef Smith	at (407) 948-0594 (Name of Contact Person) (Area Code & Daytime Telephone Number)
	(Name of Contact Person) (Area Code & Daytime Telephone Number)

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

CR2E045 (8/05)

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, mis statement of charge is submitted for a corporation organized under the laws of the State of Flain order to change its registered office or registered agent, or both, in the State of Florida.			
	f the corporation: Mallory Square Homeowners Association of Deland Inc.		
	ul office address: 1170 Tree Swallow Drive Suite 305 rings Fla. 32708		
3. The mailing	address (if different):	, , , , , , , , , , , , , , , , , , , 	
4. Date of inco	rporation/qualification: 1/23/07 Document number: N07000000785		
	nd street address of the current registered agent and registered office on file with the artment of State:		
	Von Dreele, Wayne	2007 AUG 13	
6. The name ar (if changed)	and street address of the new registered agent (if changed) and /or registered office: 1170 Tree Swallow Drive Suite 305	13 PM 1:41	
	Winter Springs Fla. 32708 (P.O. Box NOT acceptable)	,	
Such of ange vaunomed by	ress of its registered office and the street address of the business office of its registerally be identical. Was authorized by resolution duly adopted by its board of directors or by an officer of the board, or the corporation has been notified in writing of the change. Doning A Dono (Munical or typed name and utile)		
i further agree	to comply with the provisions of all statutes relative to the proper and complete per to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligation of my position as registered agent, eing filed merely to reflect a change in the registered office address, I hereby confinate been notified in writing of this change. A	erformance Or, if this m that the	

* * * FILING PEE: \$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)