N0700001838

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SECRETARY OF STATE

B.A. Change

TB 9/15/08

COVER LETTER

TO:	TO: Amendment Section Division of Corporations			
SUBJE	ECT: Big Oaks Community (Name of Corp	poration)		
DOCI	MENT NUMBER: N07000001838			
		and and for an arbuitted for filing		
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:		
	Cindy Greenfield			
(Name of Contact Person)				
BCM Services, Inc. (Firm/Company)				
	(Finizeon	party)		
920 Third Street, Suite B				
	(Addres	is)		
Neptune Beach, FL 32266 (City/State and Zip Code)				
For five	rther information concerning this matter, please cal	•		
roi iui	•			
Cindy	Greenfield (Name of Contact Person)	at (904) 242-0666 x11 (Area Code & Daytime Telephone Number)		
Enclos	sed is a \$35.00 check made payable to the Departm	ent of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
	a manufactory a 22 october 1	Tallahassee FI 32301		

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

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organiz r to change its registered office or register	ed under the laws of the State of	FL
1. The name of the	the corporation: Big Oaks Community As	sociation, Inc.	
	office address: 920 Third Street, Suite B, N		4800 7 - 40 4 - 4
3. The mailing a	ddress (if different):	***	
4. Date of incorp	poration/qualification: 2/20/2007	Document number: N0700	0001838
	I street address of the current registered age tment of State:	ent and registered office on file v	vith the
	Patterson, Anderso	n & Feldman, 1	<u>P.</u> A.
	3010 South Third	Street	_
	Jacksonville Bch.	FL 32250	200 1A S
6. The name and (if changed):	d street address of the new registered agent	(if changed) and /or registered o	
	L Denise Wallace		
	920 Third Street, Suite B		AMII: 42 OF STATE E.FLORIDI
	(P.O. Box NOT acceptable)		SE I
	Neptune Bch, FL 32266		
as changed will	<i>N</i>		
Such change was authorized by th	as authorized by resolution duly adopted he board, or the corporation has been noti	by its board of directors or by a ified in writing of the change.	an officer so
(Signatu	reo an officer or director)	John H. Latsho (Printed or typed name ar	id title)
I hereby accept Lurther agree to of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all statu ad I am familiar with and accept the oblig ing filed merely to reflect a change in the s been notified in writing of this change.	l agree to act in this capacity. tes relative to the proper and co gation of my position as registe registered office address, I her	omplete performance red agent. Or, if this reby confirm that the
	gnature of Registered Agent)	8/20/08 (Date)	
If signing on be	chalf of an entity:		
	Se Wallace Typed or Printed Name)		
, ,	* * * FILING FE	E: \$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)