Electronic Filing Cover Sheet

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(((H16000004233 3)))



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To:

Division of Corporations Fax Number : (850) 617-6380 Please retain original filing

C T CORPORATION DESIGN 1/6

Account Number: FCA000000023 Phone

11

: (850)205-8842

Fax Number

: (850)878-5368

Ithe email address for this business entity to be used for future ...annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE ALICO COMMONS ASSOCIATION, INC.

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JAN 12 2015

I ALBRITTON

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Corporate Filing Menu

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TO:

COVER LETTER

ro:	Amendment Section Division of Corporations
UBJ	Alico Commons Association, Inc.
	Name of Corporation
OCI	N07000011818 UMENT NUMBER:
he ei	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
•	return all correspondence concerning this matter to the following:
	,
. Name of Contact Person	
	Firm/Company
	• •
	Address
	City/State and Zip Code
	• •
	bhood@phillipsedison.com
	E-mail address: (to be used for future annual report notification)
or fu	rther information concerning this matter, please call:
	at ()
	Name of Contact Person at (

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Enclosed is a \$35.00 check made payable to the Department of State.

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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CR2E045 (03/12)

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

statement of ch	ange is submitted for a corporation org	anized under the laws of the State of Florida	
	- •	stered agent, or both, in the State of Florida.	
1. The name of	the corporation: Alico Commons Associa	ition, Inc.	
2. The principa	al office address: 11501 Northlake Dr, Cin	cinnati, OH 45249	
3. The mailing	address (if different): 11501 Northlake D	r, Cincinnati, OH 45249	
4. Date of inco	rporation/qualification: 12/11/07	Document number: N07000011818	_
5. The name ar Florida Depa	nd street address of the current registered artment of State: (If resigned, enter resig	agent and registered office on file with the ned)	
	Christina Schwinn		
	Paverse Law Firm		
	1833 Hendry St, Fort Meyers, FL 33901		
6. The name ar (if changed):		gent (if changed) and /or registered office	
	C T Corporation System	A (5)	į
	c/o C T Corporation System, 1200 South		1
		OT acceptable 99	
	Plantation, Florida 33324		
		et address of the business office of its registered agent,	
Such change wanthorized by	vas authorized by resolution duly adopt the board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.	
	7. Myn.	Robert F. Myers, Director	
I hereby accep I further agree performance o agent. Or, if ti hereby confirn	of the appointment as registered agent as to comply with the provisions of all staff my duties, and I am familiar with and his document is being filed merely to ren that the corporation has been notified	Printed or typed name and title and agree to act in this capacity, stutes relative to the proper and complete accept the obligation of my position as registered accept a change in the registered office address, I in writing of this change.	
C T Co By:	rporation System Fwy Bull	1-6-16	
	gnature of Registered Agent Kristin Bolden ehalf of an entity: Assistant Socretary	Date	
	Typed or Printed Name		
	••	PF- 535 AA * * *	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)