N070000119

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COVER LETTER

Amendment Section Division of Corporations

TO:

DOCUMENT NUMBER:	N07000011914
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
T	racy L. Hayden
Ivaii	to of Contact I cison
Hayde	n & Associates, Inc.
	Firm/Company
0250 B	Blue Cuite 242
8359 B6	eacon Blvd. Suite 313 Address
•	
Fort	Myers, FL 33907
City	/State and Zip Code
thayden@h	nayden-associates.com
E-mail address: (to be us	ed for future annual report notification)
For further information concerning this matter,	niegra coll:
•	
Tracy Hayden	at (239) 489-4890 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	e Department of State.
Mailing Address:	Street Address:
Mailing Address: Amendment Section	Amendment Section
Division of Corporat	tions Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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 Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: University Commons, Lot 1 Office Condominium Association,
2. The principal office address: C/O Hayden & Associates, Inc. 8359 Beacon Blvd. Suite 313
Fort Myers, FL 33907
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 12/12/2007 Document number: N07000011914
The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
DAVIS, RONALD L
12580 UNIVERSITY DRIVE SUITE 102
FORT MYERS FL 33907
FORT MYERS FL 33907 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Tracy L. Hayden C/O Hayden & Associates
8359 Beacon Blvd Suite 313 P.O. Box NOT acceptable
Fort Myers, FL 33907
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 title
l hereby 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 Registered Agent 9/16/11 Date
/ Signature of Registered Agent / Date
If signing on behalf of an entity:
Hayden & Associates, Inc. Typed or Printed Name

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