## HIPIIOGOOTON

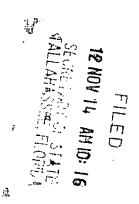
(R	equestor's Name)				
(Address)					
(Address)					
(C	ity/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
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## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
SUBJ	ECT: UNIVERSITY COMMONS LOTI OFFICE CONDOMINIUM Name of Corporation ASSOCIATION, INC					
	UMENT NUMBER: N D 7 D D D D 1 1 9 1 4					
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:						
and manage to the tone wing.						
	Dee Masterson					
	Hayden & Assoc					
	12650 Whitehall Dr					
	Ft Myers, FL 33907  dee@hayden-associates.com					
	dee@nayden-associates.com					
	Address					
City/State and Zip Code						
	·					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
13	Name of Contact Person at (239, 489, 489)  Area Code & Daytime Telephone Number					
<del></del>	Name of Contact Person Area Code & Daytime Telephone Number					
Enclos	sed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section  Street Address: Amendment Section					
	Division of Corporations 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 sec statement of change is submitted	l for a corporation organize	ed under the laws of the State o	of FL
1. The name of the corporation:	- "	mm DNS, LDT 10	•
2. The principal office address:_	12650 Whitehall Dr — Ft Myers, FL 33907	7350C	
3. The mailing address (if different	ent):		to other
4. Date of incorporation/qualific	ation:	Document number:	NON SA
<ol><li>The name and street address o Florida Department of State: (</li></ol>			with the
	Kennethw. He	eyden	AMIO.
	8359 Beacon Blvd, Suite Ft Myers, FL 33907	313	
5. The name and street address of (if changed):	f the new registered agent (i	f changed) and /or registered of	office
<u>Address</u> (	Change only		-
	12650 Whitehall Ft Myers, FL 339		- ,,
The street address of its registered schanged will be identical.			
Such change was authorized by authorized by the beard, or the c	esolution duly adopted by opporation has been notifie		officer so
Signature of an officer or direct hereby accept the appointment further agree to comply with the terformance of my duties, and I gent. Or, if this document is be ereby denifirm that the corporat	as registered agent and ag	Printed or typed name and viree to act in this capacity. relative to the proper and cont the obligation of my position change in the registered offitting of this change.	
Signature of Registered Ag	ent	11-1-( } Date	
f signing on behalf of an entity:			
Typed or Printed Name			
	* * * FILING FEE: \$3	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)