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SENTR Manag 2180 W State Roa Longwood FL 327	Seme ad 434 Ste 500	TTING.
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
	iomeso Emily Mar	110)
. (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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CR2E045 (8/05)

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

statement of c	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this change is submitted for a corporation organized under the laws of the State of FLORIDA rder to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	of the corporation: SAVANNAH PARK AT HEATHROW HOMEOWNERS ASSOCIATION, INC.
2. The princip	pal office address: 2180 W SR 434 STE 5000
	LONGWOOD FL 32779-5044
3. The mailing	g address (if different):
4. Date of inc	orporation/qualification: 01/28/2008 Document number: N08000000879
5. The name a Florida Dep	and street address of the current registered agent and registered office on file with the partment of State:
	CORPDIRECT AGENTS, INC.
	515 EAST PARK AVE TALLAHASSEE FL 32301 and street address of the new registered agent (if changed) and /or registered office
	TALLAHASSEE FL 32301
6. The name a (if changed)):
· · · · · · · · · · · · · · · · · · ·	JAMES W HART JR
	C/O SENTRY MANAGEMENT, INC./ 2180 W SR 434 STE 5000 (P.O. Box NOT acceptable)
	LONGWOOD FL 32779-5044
The street add as changed w	dress of its registered office and the street address of the business office of its registered agent, ill be identical.
Such change authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
— (sa)	Afficer (Printed or typed name and title)
I further agfe of my duties, d document is b	pt the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this reing filed merely to reflect a change in the registered office address, I hereby confirm that the has been notified in writing of this change.
	5 22 08
-	Signature of Registered Agent) (Date)
	behalf of an entity:
JAMES W	(Typed or Printed Name)
	. * FILING FEE: \$35.00 * * *
,	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE