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2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 330700-(City/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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R.A. Change

10/14/08

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

statement of ch	e provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Stat nange is submitted for a corporation organized under the laws of the State of <u>FL</u> ter to change its registered office or registered agent, or both, in the State of Flori	ORIDA
1. The name of	f the corporation: FERN GROVE HOMEOWNERS ASSOCIATION, INC.	
2. The principa	al office address: 2180 W SR 434 STE 5000	
·	LONGWOOD FL 32779-5044	
3. The mailing	address (if different):	
4. Date of incom	rporation/qualification: 02/27/2008 Document number: N08000002	074
	nd street address of the current registered agent and registered office on file with that the artment of State:	ne
	CARVER, CHARLES H	
	2907 BAY TO BAY BLVD STE 201	2008 SE TAL
	TAMPA FL 33629	2008 OCT -6 SECRETAR) TALLAHASSI
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	TARY O
	JAMES W HART JR	PM 4: 4: OF STATE
	C/O SENTRY MANAGEMENT, INC./ 2180 W SR 434 STE 5000	ATE ORID
	(P.O. Box NOI'acceptable)	D
	LONGWOOD FL 32779-5044	
The street address changed will	ress of its registered office and the street address of the business office of its re If be identical.	gistered agent,
Such change w authorized by t	vas authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	icer so
Marian	US- To Seph I Musch (Printed or typed name and title)	
<i>, ,</i>	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and comple It is familiar with and accept the obligation of my position as registered age It is married to reflect a change in the registered office address, I hereby on It is been notified in writing of this change.	
_	9/25/08	
(Si	ignature of Registered Agent) (Dafe)	
If signing on be	ehalf of an entity:	
JAMES W		
(1	Typed or Printed Name)	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (8/05)