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OCT 2 0 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations					
ASSOCIATION, INC.					
SUBJECT: CULUMBUS LANDINGS HOMEONNERS Name of Corporation					
Name of Corporation					
DOCUMENT NUMBER: NO 8 0000 J 314					
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:					
Name of Contact Person					
PEER AFE LAND COMPANY, LLC Firm/Company					
P. O. BOX 166 Address					
MILL NECK NY 1176 J City/State and Zip Code					
City/state and Zip Code					
E-mail address: (to be used for future annual report notification)					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
V PAISCI at (212) 202-1666 Name of Contact Person Area Code & Daytime Telephone Numb	er er				
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address:					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
P.O. Eox 6327 Clifton Building					

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

Pursuant to the provisions of section statement of change is submitted for in order to change its regis	r a corporation organized unde	r the laws of the State of	FLORIDA
1. The name of the corporation: <u>Co</u>	ILUMBUS LANDING	S HUMEOWNE	DS ASSCIATION
2. The principal office address:	P.O. BOX 166		
	MILL NECK, NY	11965	
3. The mailing address (if different)	(<u> </u>		
		NO.	-0000 5314
4. Date of incorporation/qualification	on: <u>06/03/2008</u> Doc	cument number:	3843854780
5. The name and street address of the Florida Department of State: (If re		registered office on file w	rith the
_ JUHN	J. GARRITY		-
	39 ST WEST		
	NOW, FL 34205		
6. The name and street address of th (if changed):			1 St. 1
Viac	ENT CRISCI		5
408	31 ST. W. W. PO. Box NOT acceptable		PM 12: 0
	PO. Box NOT acceptable -DENTON, FL 3		9
The street address of its registered as changed will be identical.	office and the street address of	f the business office of i	ts registered agent,
Such change was authorized by resauthorized by the board, or the cor	solution duly adopted by its bo poration has been notified in w	ard of directors or by an writing of the change.	officer so
Signature of an officer or director	~ Vin	KENT CRISCI Printed or typed name and to	ile
I hereby accept the appointment as I further agree to comply with the performance of my duties, and I an agent. Or, if this document is bein hereby confirm that the corporatio	s registered agent and agree to provisions of all statutes relati n familiar with and accept the g filed merely to reflect a char on has been notified in writing	o act in this capacity, ive to the proper and cor obligation of my positionge in the registered offic of this change.	nplete n as registered ce address, I
Unit Cu		10/13/15	
If signing on behalf of an entity:	•		
VINLENT CA			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.D. Box 6327, Tall massle, FL 32314

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

Typed or Printed Name