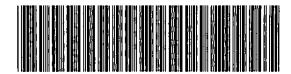
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ALEAHASSEE FINANCE

CT 18 2016

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: RANCH COLONY FOUR Party maintenance assoc., INC. Name of Corporation
DOCUMENT NUMBER: 108000005870
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:
CATHIE CARR Name of Contact Person
MOST OF the Pain Beaches Firm/Company
11770 US Highway Due #301 Address
Palm Beach Lawers F1 33408 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHSic Cack at (521) 904-9882 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

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, thi statement of change is submitted for a corporation organized under the laws of the State of	S
in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: RANCH COLONY FOUR PARTY Maintenan	14 PSSOC IA
2. The principal office address: 11770 US Hi ghway Ove #301	
Paim Beach LOCADENS A 33408	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 6/18/2008 Document number: 108000005	870
5. 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)	
BURR, Robert	
1601 FORUM PIACE STE 722	
West Paim Beach F 33401	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
CATHIE CARE	
11770 US High Way ONE Str 301 E	
Palm Beach Garpens F1 33408	Prince
י ס י	المبارة Lapent
The street address of its registered office and the street address of the business office of its registered 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.	
THEOREME L. WEISE TREA.	
Signature of an officer or director Printed or typed name and title	
I 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 register agent. Or, if this document is being filed merely to reflect a change in the registered office address, hereby confirm that the corporation has been notified in writing of this change.	red I
len /	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
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 * * *