## N0800000001018

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SECRETARY OF STATE OF STATE OF CORPORATIONS

ROCHS
10 5/03/12

## **COVER LETTER**

SUBJECT: ROYAL POINTE	Name of Corporate	PALMS SECTION III CONDOMINATION
DOCUMENT NUMBER:	N080000	(1.00)
The enclosed Statement of Change of	Registered Office/Agen	it and fee are submitted for filing.
Please return all correspondence conc	erning this matter to the	following:
	KIM HERTNE	<u>:</u> R
	Name of Contact Pe	erson
ALLIAN	T PROPERTY MAN Firm/Company	
6	719 WINKLER RD.	STE. 200
	Addiess	
	FORT MYERS, FL City/State and Zip	. 33919 Code
HEATH	IER@ALLIANTPRO	PERTY.COM
E-mail address: (	to be used for future a	annual report notification)
For further information concerning th	is matter, please call:	
HEATHER GROF	PEat (_	239 454-1101 Area Code & Daytime Telephone Number
Name of Contact Perso	on	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made paya	able to the Department of	of State.
Mailing Add Amendment	ress: Section	Street Address: Amendment Section
	Corporations	Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section

## 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, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: ROYOU POINTE AT MAJESTIC PALMS SECTION III CONC.  2. The principal office address: 6719 WINKLER RD. STE. 200  FORT MYERS, FL 33919
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 8/12/2008 Document number: N08000007618
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)  CTOCACE ACCOMMIZATE  FOR THE NAME OF THE STATE OF T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  ALLIANT PROPERTY MANAGEMENT, LLC  6719 WINKLER RD. STE. 200  P.O. Box NOT acceptable  FORT MYERS, FL 33919
The street address of its registered office and the street address of the business office of its registered agent, 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.
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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.    Signature of Registered Agent   Date   D
If signing on behalf of an entity:  Millie Strown  Typed or Printed Name  * * * FILING FEE: \$35.00 * * *