NO8000009/97

(Re	equestor's Name)			
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DEPARTMENT OF STATE

13 JAN 22 AM II: 19







ACCOUNT NO. : 12000000195

REFERENCE : 461241 7740520

AUTHORIZATION : .

COST LIMIT

ORDER DATE: December 17, 2012

ORDER TIME : 1:45 PM

ORDER NO. : 461241-085

CUSTOMER NO: 7740520

CHANGE OF AGENT

NAME:

VILLAGE CENTERS AT CONNERTON

OWNERS ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret -- EXT# 52949

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 613 ange is submitted for a corporation c er to change its registered office or r	organized under the laws of the State	e of Florida
1. The name of	the corporation: VILLAGE CENTER	S AT CONNERTON OWNERS AS	SOCIATION, INC
	office address: 20421 Rose Cot		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/02/2008	B Document number: NO	3000009197
	d street address of the current registe rtment of State: (If resigned, enter re		le with the
	CT Corporation		
	1200 South Pine Island Road	d	
	Plantation FL 33324		
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /or registere	MIS JAN 22 PH 3: 57 TALLAHASSEE, FLORIT
	Corporation Service Compar	ıy	FLORE
	1201 Hays Street		- REP
	P.O. Box Tallahassee, FL 32301	NOT acceptable	_ ,
	ess of its registered office and the st be identical. as authorized by resolution duly ado be board, or the corporation has bee		
A dr	Leves	Deb Reeves, Vice Presi	ident
I further agree in performance of agent. Or, if this hereby confirm Corporation By:	the appointment as registered agento comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notified to Service Company	Printed or typed name and agree to act in this capacity, statutes relative to the proper and accept the obligation of my post reflect a change in the registered died in writing of this change. January 18, 2013 Date	
	half of an entity:		
	Dy, Assistant V.P. yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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