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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Dunbar Woods Condominion No. 3. Assoc. INC Name of Corporation
DOCUMENT NUMBER: NO8112
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:
Steve Statand V Name of Contact Person
Jupiter Mayagement LLC Firm/Company
1340 W Highway 1, Sude 100
Jupiter + U. 33469 City/State and Zip Code
E-maikaddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (50) 743-4607 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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 Florida.
1. The name of the corporation: Dubar words Condominum No. 3. Association
2. The principal office address: Typher Management LC
1340 US Highway 1, Swite 102 Jupiter FL 33469
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/13/1985 Document number: NO8113
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)
United Community Mgnt Corp.
11784 W. Sample Road #103 PE 9 1
Coral Springs, FL 33065
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Jupter Management LLC
1340 W Lightny , Ste 102 P.O. Box NOT acceptable
Jupiter, FC 33-169
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 dorporation has been notified in writing of the change.
Signature of an officer of director MICHARA A. MEDICO 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 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
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
(8/05)

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