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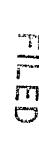


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SECRETARY OF STATE TALLAHASSEE, FLORIDA

2009 OCT -9 AM 9: 29





## Statement of Change of Registered Office or Registered Agent or Both for Corporations

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE:

10/6/2009 **FLORIDA** 

**REP UNIT:** 

SHORES COMMERCIAL OWNERS'

ASSOCIATION, INC.

Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced name, which is to be filed in your office. Enclosed is check #18071 in the amount of \$35.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

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

1. The name of the	comoration: Shores	Commerci	al Owners' Associa	ition, Inc.		
		· · · · · ·	e, Suite 101, Ponte Ve		L 32082	
3. The mailing addre	ess (if different):					
4. Date of incorpora	ation/qualification:	1/9/09	Document number:	N090000	00273	
	reet address of the curre ent of State: (If resigned		ent and registered office on t	file with the		
Ba	aron L. Bartlett			<del></del>		
_13	35 Professional Driv	ve, Ste. 101		····		
F	Ponte Vedra Beach,	EL 22002				
	Office Vedra Deach,	FL 32002	- <del></del>			
6. The name and stre (if changed):	eet address of the new	registered agent	(if changed) and /or register	red office		
6. The name and stre (if changed):	eet address of the new a	registered agent	(if changed) and /or register	red office	2009 SE TAL	
6. The name and stre (if changed):	eet address of the new	registered agent ervices, Inc. ve. Suite A		red office	2009 OC SECRE TALLA	queci
6. The name and street (if changed):  Ca	eet address of the new a	ervices, Inc. ve, Suite A P.O. Box NOT a		red office	2009 OCT -S SECRETAF TALLAHAS	9,000.0
6. The name and stree (if changed):  Ca 15	eet address of the new a apitol Corporate Se 55 Office Plaza Dri allahassee, FL 323	registered agent ervices, Inc. ve, Suite A P.O. Box NOT a			ARY ASSI	
6. The name and stre (if changed):  Ca  15  Ta  The street address cas changed will be such change was as	eet address of the new a apitol Corporate Se 55 Office Plaza Dri allahassee, FL 323 of its registered office identical.	registered agent ervices, Inc. ve, Suite A P.O. Box NOT: 301 and the street ac	acceptable	ce of its registere	ARY ASSI	
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6. The name and street (if changed):  Cause of the street address of the street address of the street address of the street was an authorized by the business of the street address of the street addr	apitol Corporate Season of the new season of the registered office identical.  authorized by resolution or the corporation of t	registered agent ervices, Inc. ve, Suite A P.O. Box NOT a 301 and the street ac an duly adopted to an has been noti	ddress of the business offic by its board of directors or fied in writing of the chang	by an officer so ge.	ARY OF STATE ASSES. FLORIDA	Part of the state

Delanie Case asst. sec.

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)