## N09573

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600077376326

RACharge 07/17/06-01048-003 \*\*35.00 Tlewis

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: HEROD SHORES HOREOWNERS LOC. (Name of Corporation)
DOCUMENT NUMBER: U 09573
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:
(Name of Contact Person)
ANTARES GROUP, WC. (Firm/Company)
4195 S. (AMIAMI (L. PMB # 173 (Address)
VENICE FL 34293 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (941) 184-7900 (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, this
statement of change is submitted for a corporation organized under the laws of the State of FORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: HEROW SHORES HONEOWNERS, INC.
2. The principal office address: 3146 HEROD SHORES DR. VENICE FL 34293
3. The mailing address (if different): Clo ANTARES (JROUP, LOC.,
4195 S. TAMIANI L. PILB # IN3, VEDICE FL 34293
4. Date of incorporation/qualification: 06.03.85 Document number: N09573
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
beys caldwell, Inc
1162 bonas Hing Buro. 78 8
Venue FL 34293
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
(in changed).
HINTARES CAROUP, IDC.
4195 S. CAMIANI L. PNB#173
(P.O. Box NOT acceptable)
VEUICE F. L. 34293
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.
Eller J. Boacs, REASURER (Printed or typica 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.
Con Do C. Kurrenol.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name)
* * * 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)