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PICK-UP WAIT MAIL							
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: OUTDOOR RECREATION ASSOCIATION OF CENTRAL FLORE, Name of Corporation
DOCUMENT NUMBER: NOOOOO//OGZ
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
Ourdoor Recreation ASSOC. of Central FL Firm/Company
203 WMAIN ST Address
Avan Paul Clour DA 33825 City/State and Zip Code
Lanpin@ Comcast. net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (863) 446-1649 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 /

CR2E045 (8/05)

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

statement of char	nge is submitted fo	or a corporation orga	nized under th	or 617.1508, Florida S e laws of the State of _ r both, in the State of F	FloriDA	_
1. The name of th			•	Associationa		Flore
2. The principal of	office address:	203 W. MA	in ST. /	tvon PARK, FL	33825	
3. The mailing ad	ldress (if differen	t):				
4. Date of incorpo	oration/qualificat	ion: <u>11/2010</u>	Docum	ent number:	0000 110	062
Florida Depart	street address of	the new registered age Lance Ce. 3 WEST MARK,	ent (if changed Allis OT acceptable FLOCIA	FL 338 and for registered off OA 33825	SIUNE TARY OF STATE	
				ne business office of it		nt,
flet.				d of directors or by an ting of the change. THAN TUCKED Printed or typed name and to	e / Dieco	TOR
I hereby accept t I further agree to of my duties, and document is bein corporation has	he appointment o comply with the I I am familiar w og filed merely to been notified in	as registered agent a e provisions of all sta ith and accept the ol reflect a change in i writing of this chang	nd agree to a stutes relative bligation of my he registered e.	ct in this capacity to the proper and con position as registere office address, I herel	nplete performa d agent. Or, if i by confirm that	nce this the
Ja	Cles-			21 Jun 11	<i>.</i>	_
If signing on beh	ature of Registered Ag	ent -		Date		
Туј	ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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