N15096

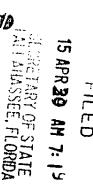
(Requestor's Name)	_
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COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: SOMERSET LAYES NEIGHBORHOOD ASSOCIATION Name of Corporation
DOCUMENT NUMBER: N 15096
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:
GEORGE E HOWE JR Name of Contact Person
SIMBRISE LAKES NEIGHBOR HOOD ASSOCIATION
8277-125CIRCLE NORTH
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Corlie Howeth, at (727 535-768 / Area Code & Daytime Telephone Number

Mailing Address:
Amendment Section

Enclosed is a \$35.00 check made payable to the Department of State.

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

statement of change is submit	sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ted for a corporation organized under the laws of the State of FLOPLOA-s registered agent, or both, in the State of Florida.
1. The name of the corporation	11: SOMERSET LAKES HEIGHBOR HOOD ASSOCIATION, INC
2. The principal office addres	•
3. The mailing address (if diff	Ferent): POBOX 10132 WARGO FC 33173-0132
4. Date of incorporation/quali	
	es of the current registered agent and registered office on file with the e: (If resigned, enter resigned)
	RESIGNED 5
(if changed):	Softhe new registered agent (if changed) and /or registered office PROPER TO SERVE T
The street address of its regis as changed will be identical.	stered office and the street address of the business office of its registered agent,
Such change was authorized authorized by the board, or the	by resolution duly adopted by its board of directors or by an officer so ne corporation has been notified in writing of the change.
Haran Houle Signature of an officer or	director Printed or typed name and title
performance of my duties, an agent. Or, if this document i	FIGH BUP HOLD ASSOC

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