N 16700

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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09/30/13--01018--015 **35.00

13 SEP 30 AH 9: 14
SECNETARY OF STATE

C. LEWIS

OCT 7 2013

EXAMINER

COVER LETTER

SUBJECT:	Name of Corporation
	N16700
DOCUMENT	NUMBER:
The enclosed	Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return a	all correspondence concerning this matter to the following:
	EDNA TRIMBLE
	Name of Contact Person
	TRU MANAGEMENT GROUP, LLC
	Firm/Company
	P.O. BOX 541557
	Address
	ORLANDO, FL. 32854
	City/State and Zip Code
	edna@trumanagementgroup.com
	E-mail address: (to be used for future annual report notification)
	•
For further inf	formation concerning this matter, please call:
Edna Trimb	•
	Name of Contact Person at () Area Code & Daytime Telephone

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

statement of cha	ange is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida 1 ganized under the laws of the State of _	Florida	
in orde	er to change its registered office or reg	gistered agent, or both, in the State of I	Florida.	
1. The name of	the corporation:	WNERS ASSOCIATION, INC.		
2. The principal ORLANDO	8427 SOUTH PAF office address: O, FL. 32819	RK CIRCLE # 140		
3. The mailing a	P.O. Box 5415 eddress (if different):	557 Orlando, FL. 32854		
4. Date of incor	poration/qualification:	Document number:	0	
	d street address of the current registere rtment of State: (If resigned, enter resigned CRANEY MANAGEMENT	•	ith the	
	2257 VISTA PARKWAY # 17			
	WEST PALM BEACH, FL. 334	411		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	TRU MANAGEMENT GROUP	P, LLC	SEP 30	
	2906 CARL TERRACE			
	ORLANDO, FL. 32804	NOT acceptable	9: 4.5 9: 4.5 STATE LORIDA	
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its	s registered agent,	
Such change was authorized by the	as authorized by resolution duly adop he board, or the corporation has been	ited by its board of directors or by an one notified in writing of the change.	officer so	
Mall	ure of an officer or director	DIANE SITZER Printed or typed name and titl	le .	
I hereby accept I further agree performance of	the appointment as registered agent to comply with the provisions of all si my duties, and I am familiar with an	and agree to act in this capacity. tatutes relative to the proper and com d accept the obligation of my position reflect a change in the registered offic d in writing of this change.	plete i as registered	
XX		9-26-13		
	nature of Registered Agent	Date		
	chalf of an entity:			
TRU MANA	GEMENT GROUP, LLC			

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

Typed or Printed Name