## N20157

Sentay - management <sub>ing</sub> -			
2180 W State Road 434 Ste 5000 Longwood FL 32779-5044 (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the hange is submitted for a corporation organized under the laws of the State of FLORID der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	of the corporation: OCALA PARK CENTRE WEST MAINTENANCE ASSOCIA	TION, INC.
2. The principa	al office address: 2180 W SR 434 STE 5000	
	LONGWOOD FL 32779-5044	
3. The mailing	g address (if different):	
4. Date of incom	prporation/qualification: 04/15/1987 Document number: N20157	
	nd street address of the current registered agent and registered office on file with the partment of State:	
	KIRKPATRICK, KEN	
	2605 SW 33RD ST STE 200	
	OCALA FL 34474	<u> </u>
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	SECRETAR VISION OF C
	JAMES W HART JR	F CC
	2180 W SR 434 STE 5000	AH S
	(P.O. Box NOT acceptable)  LONGWOOD FL 32779-5044	STAI IRATI 8: 21
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The street addr as changed wil	lress of its registered office and the street address of the business office of its registered ill be identical.	ed agent,
	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.  GRANAM TORREST  AUTHORITIES OF AN OFFICE OF THE PROPERTY OF	DENT.
I hereby accept I further agree of my duties, ai document is be corporation ha	of the appointment as registered agent and agree to act in this capacity, eto comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligation of my position as registered agent. Ceing filed merely to reflect a change in the registered office address, I hereby confirm as been notified in writing of this change.	formance Or, if this 1 that the
(S	Signature of Registered Agent)  (Date)	· )
If signing on b	pehalf of an entity:	
JAMES W	HART JR (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