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DIVISION OF CORPORATIONS

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R.A. Change

C. Coufficte OCT 0 3 2007

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: OCALA PARK CENTRE MAINTENANCE ASSOCIATION, INC.
2. The principal office address: 2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/15/1987 Document number: N20158
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
KIRKPATRICK, KENNETH
2605 SW 33RD ST BLDG 200
OCALA FL 34474
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044
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 comporation has been notified in writing of the change.
(Signature of a father or pyedge) (Printed or typed name and fittle)
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 mylduties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this adjunct is being filed merely to reflect a change in the registered office address. I hereby confirm that the comporation has been notified in writing of this change.
(Signature of Registered Agent) (Dafe)
If signing on behalf of an entity:
JAMES W HART JR (Typed 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 * * *