## N2IDUT

(F	Requestor's Name)
- (/	Address)
(/	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
<b>(</b> (	Document Number)
Certified Copies	Certificates of Status
_Special Instructions t	to Filing Officer:

Office Use Only



700182987977

07/09/10--01011--015 \*\*35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RARDICHS

## **COVER LETTER**

TO: Amendme Division o	nt Section of Corporations	
SUBJECT: P	LANTATION COMMUNITY A Name of Corpo	
DOCUMENT NU	JMBER: N21	047
The enclosed State	ement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all co	orrespondence concerning this matter to t	he following:
	LESLIE LUD Name of Contact	
	Association Management Group Firm/Compa	
	101 Park Place Blv	vd., Suite 2
	Address	
	Kissimmee, FL City/State and Zi	34741 p Code
,	DDEROYAMG@EMBA E-mail address: (to be used for future	RQMAIL.COM . e annual report notification)
For further inform	ation concerning this matter, please call:	
	LESLIE LUDLAM at	(407 ) 847-9950
Na	me of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.6	00 check made payable to the Departmen	t of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta age is submitted for a corporation organized under the laws of the State of Fl to change its registered office or registered agent, or both, in the State of Flo	ORIDA
	ne corporation: PLANTATION COMMUNITY ASSOCIATION	
2. The principal of	office address: 101 Park Place Blvd., Suite 2, Kissimmee FL 3474	<u> </u>
3. The mailing ac	ldress (if different):	
4. Date of incorp	oration/qualification: 06/09/1987 Document number:	N21047
	street address of the current registered agent and registered office on file with ment of State: (If resigned, enter resigned)	the
	FERDINANDSEN ENTERPRISES, INC.	
	2884 S OSCEOLA AVE	
	ORLANDO FL 32806	JUL
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic	TALLAHASSEL
	Association Management Group of Central Florida, Inc.	.بي. -
	101 Park Place Blvd., Suite 2 P.O. Box NOT acceptable	<b>#</b>
	Kissimmee, FL 34741	
The street addre	ss of its registered office and the street address of the business office of its be identical.	registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an ce board, or the corporation has been notified in writing of the change.	officer so
	e of an officer or director  Frinted or typed name and title	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and comp d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	olete performance agent. Or, if this confirm that the
heso:	o hera land Old Slice Date	<u> </u>
If signing on be	half of an entity:	
Leslie	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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