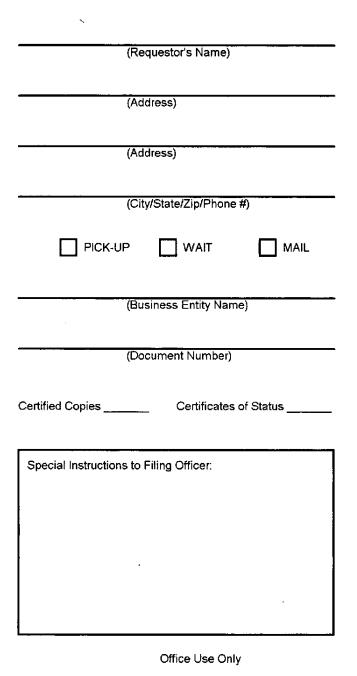
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10 SEP -8 PH 2: 54
SECRETARY OF STATE

FILED

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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|---|--|--|--|--|
| SUBJECT: PARK-AIRE CONDOMINIUM ASSOCIATION, INC. Name of Corporation | | | | |
| DOCUMENT NUMBER: N25725 | | | | |
| 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: | | | | |
| | | | | |
| Tracy Cherry Name of Contact Person | | | | |
| Name of Contact Person | | | | |
| Melrose-Sovereign Companies | | | | |
| Firm/Company | | | | |
| | | | | |
| 1600 West Colonial Drive Address | | | | |
| Address | | | | |
| Orlando, El 32804 | | | | |
| Orlando, FL 32804 City/State and Zip Code | | | | |
| corporate@melrose-sovereign.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| Tracy Cherry at (407) 228-4181 | | | | |
| Tracy Cherry at (407) 228-4181 Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | |
| Mailing Address: Street Address: | | | | |
| Amendment Section Amendment Section Division of Corporations Division of Corporations | | | | |
| P.O. Box 6327 Clifton Building | | | | |

CR2E045 (8/05)

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

| statement of cha | provisions of sections 607.0502, 617.05 unge is submitted for a corporation orga er to change its registered office or regis | nized under the laws of the State | of_Florida |
|--|---|--|--|
| | the corporation: PARK-AIRE CO | _ | • |
| 2. The principal | office address: 640 Park Ave. , No | rth Winter Park, FL 32789 | |
| | Type of the second | र मार्च प्रदेश का का अन्य का | , |
| 3. The mailing a | address (if different): 1600 West Col | onial Drive, Orlando, FL 32 | 2804 |
| | · | | |
| 4. Date of incorp | poration/qualification: | | N25725 |
| | d street address of the current registered rtment of State: (If resigned, enter resign | | e with the |
| | CAREY, JÜDI | tan in the second of the secon | |
| | | recent to the second | F s 5 |
| | Orlando, FL 32803 | | SEP- |
| 6. The name and (if changed): | d street address of the new registered age | ent (if changed) and /or registered | office PM 2: 54 |
| | Melrose-Sovereign Companies | 3 | - 2: 5 FF. 83 |
| | 1600 West Colonial Drive | | |
| P.O. Box NOT acceptable | | | |
| | Orlando, FL 32804 | | |
| The street address changed will | ess of its registered office and the stree be identical. | t address of the business office | of its registered agent, |
| Such change wa authorized by th | as authorized by resolution duly adopte ne board, or the corporation has been n | | |
| Signatu | re of an officer or dispetor | Shari V. N | HodasoN |
| I further agree i of my duties, an document is bei | the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t s been notified in writing of this chang | itutes relative to the proper and ligation of my position as regisi he registered office address, I h | complete performance tered agent. Or, if this ereby confirm that the |
| Sign | natural of Depastered Agent | Date | 60 |
| If signing on be | half of an entity: | | |
| VACIZ. | yped or Printed Name | | |

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