

1433810

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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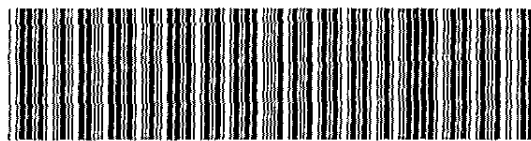
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BISHOPSCOURT AT THE OAKS PRESERVE  
(Name of Corporation)

DOCUMENT NUMBER: # N33810

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:

BETH CALLANS, PRESIDENT  
(Name of Contact Person)

BETH CALLANS MANAGEMENT  
(Firm/Company)

595 BAY ISLES ROAD SUITE 200  
(Address)

LONGBOAT KEY, FLORIDA 34228  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY ANN PAYNE, LCAM at (941) 387-3443  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**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**

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: BISHOPS COURT AT THE OAKS PRESERVE
2. The principal office address: C/O BETH CALLANS MANAGEMENT  
595 BAY ISLES ROAD, LONGBOAT KEY, FLORIDA 34208
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: # N33810
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

PROGRESSIVE COMMUNITY MANAGEMENT, INC.  
1801 GLENGARY STREET  
SARASOTA, FLORIDA 34231

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

BETH CALLANS MANAGEMENT  
595 BAY ISLES RD SUITE 200  
(P.O. Box NOT acceptable)  
LONGBOAT KEY, FLORIDA 34208

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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 corporation has been notified in writing of the change.

Robert Trwin  
(Signature of an officer or director)

ROBERT TRWIN  
(Printed or typed name and title)

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 my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Beth Callans  
(Signature of Registered Agent)

8-20-2007  
(Date)

If signing on behalf of an entity:

BETH CALLANS, PRESIDENT  
(Typed or Printed Name)

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