Rea	uester	's	Name	

AUTUMN RUN HOMEOWNERS ASSOCIATION, INC. P.O. BOX 677307 ORLANDO, FL 32867-7307

100003101441~ -01/18/00--01107--007 *****35.00 *****35.00

Office Use Only

		water days	
(Corporation Name)	(Document #)	8	· · · · · · · · · · · · · · · · · · ·
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(Corporation Name)	(Document #)	SSEC FU	
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(Corporation Name)	(Document #)	*	
☐ Walk in ☐ Pick up time _		Certified Copy	
☐ Mail out ☐ Will wait		Certificate of Status	= -
Profit Not for Profit Limited Liability	AMENDMENTS Amendment Residential SR A COST		U Men e sea resser
Limited Liability	Resignation of R.A., Offi Change of Registered Ag		
Domestication Other	Dissolution/Withdrawal Merger	- :-	 -
OTHER FILINGS	REGISTRATION/QUALIF	ICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	- - - 	

Examiner's Initials

Florida Department of State, Sandra B. Mortham, Secretary of State

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

submits the foll State of Florida	lowing statement in order to change its registered office or registere z	ed agent, or bo	th, in the
	the corporation is: Autumn Run Homeowners Associatio	n, Inc.	····
2. The mailing a	address of the corporation is: P.O Box 677307 Orlando, FL 32867-7307		
3. Date of incor 4. The name an	poration/qualification: 8/27/1990 Document number: d address of the current registered agent and office:	N39742	
	James Hart 2180 West SR 434 Ste. 5000 Longwood, FL 32779		
	2180 West SR 434 Ste. 5000		
	Longwood, FL 32779		
5. The name and	d address of the new registered agent and office: (P.O. Box Not Acce	eptable) ∞	
	Joseph Frasca	- girgraman	
	7523 Aloma Avenue, Suite 210		
	Winter Park, FL 32792	- GH 9	
_	ess of its registered office and the street address of the business office ed, will be identical. s authorized by resolution duly adopted by its board of directors or be board.		
	ich Gano 1/6/. icer, chairman of the board) (Date)	/	
Signature of an offi	icer, chairman or vice chairman of the board) (Date)	2000	
	Judith Cano, President		
Having been nan hereby accept comply with the and I am familio	(Printed or typed name and title) med as registered agent and to accept service of process for the abo the appointment as registered agent and agree to act in this capacity provisions of all statutes relative to the proper and complete perfori ir with and accept the obligation of my position as registered agent.	ve stated corpo v. I further ag mance of my d	oration, ree to uties,
Joseph	of Project A gent)		
(Signature	of Registered Agent) (Date)		7
If signing on bel	half of an entity:		
(Typed or	Printed Name) (Capacity)		· · ·

FILING FEE: \$35.00