N40113

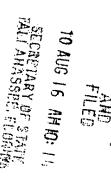
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St tatement of change is submitted for a corporation organized under the laws of the State of \overline{F}	
in order to change its registered office or registered agent, or both, in the State of Flo	
. The name of the corporation: Royal-Tee Homeowners Association, Inc.	
2. The principal office address: 1242 SW Pine Island Rd., Suite 42-444	
Cape Coral, FL 33991	·
3. The mailing address (if different):	<u> </u>
Date of incorporation/qualification: 09/24/1990 Document number:	N40113
 The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned) 	i the
Charles Walker	
11910 Royal Tee Circle	
Cape Coral, FL 33991	
5. The name and street address of the new registered agent (if changed) and /or registered official (if changed):	ce
Christina Harris Schwinn, Esq.	•
1833 Hendry Street	
P.O. Box NOT acceptable	
Fort Myers, FL 33901	
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so
Sugnature of an officer of director Elaine Mitchell, Presi	dent
I hereby accept the appointment as registered agent and agrec to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and com of my duties, and I am familiar with and accept the obligation of my position as registered document is being filed merely to reflect a change in the registered office address, I hereb corporation has been notified in writing of this change.	
Kristne James Thomas July 19, 2010 Signature of Registered Agent Date	
Signature of Registered Agent Date If signing on behalf of an entity:	
Phaseting of contact of all cities.	AHASA
Typed or Printed Name	AND D
* * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314