## 1442672

ATTWOOD PHILLIPS  INCORPORATED  Association Division 1350 Orange Avenue, Suite 100 Winter Park, FL 32789-4932	;			
(City/State/Zip/Phone	<del>¥)</del>			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
·	•			
(Document Number)				
Certified Copies Certificates of	of Status			
Special Instructions to Filing Officer:				
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Shery Say

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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

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

statement of char	ige is submitted for a c	orporation organize	607.1508, or 617.1508 ed under the laws of the ed agent, or both, in the	State of <u>Florida</u>
1. The name of th	ne corporation:So	uthchase Parc	el 45 Community	Association Inc.
2. The principal of	_			er Park FL 32789-4932
3. The mailing ad	Idress (if different):	s/a		
4. Date of incorpo	oration/qualification:	3/25/1991	Document number:	N42672
5. The name and Florida Depart		irrent registered age	nt and registered office	on file with the
	Gasperoni &	Fletcher		
	931 Wekiva S	Springs Road		
	Longwood FL	32779		TASE TO THE
6. The name and (if changed):	street address of the ne		(if changed) and /or reg	istered office PSEEFE
_	156 S Charle	es Richard Bea	all Blvd Ste 2	ORITE 16
_	•	32713		P -
The street addres	s of its registered offi oe identical.	ce and the street ad	dress of the business	office of its registered agent,
Such change was authorized by the	authorized by resolu board, or the corpora	tion duly adopted h	by its board of director fied in writing of the c	s or by an officer so hange.
Hame	e of an officer for enfector)		PAMELA )	n. Fultz
I hereby accept to a further agree to of my duties, and document is bein corporation has	he appointment as red comply with the prov I am familiar with ar g filed merely to refle been notified in writin	istered agent and visions of all statute ad accept the obligi ct a change in the i ag of this change.	agree to act in this capes relative to the propertion as the propertion as the propertion as registered office addresses.	pacity, er and complete performance registered agent. Or, if this ss, I hereby confirm that the
		<del>~ .</del>	4/20/07	
If signing on beh	ature of Registered Agent) alf of an entity;		/ / (D	alc) — —————
(Ту	ped 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 \* \* \*