2006 NOT-FOR-PROFIT CORPORATION

FILED Mar 21, 2006 8:00 am Secretary of State

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1. Entity Nam	MENT # N43439 of regency cove, inc.		;				6 90027 044 ****6	
Principal Place of Business 4851 GANDY BLVD OFFICE TAMPA, FL 33611		Mailing Address 4851 GANDY BLVD OFFICE TAMPA, FL 33611		yov	• - •			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162006	Chg-NP	CR2E037 (11/05)		
City & State		City & State		4. FEI Numbe 59-2654			plied For t Applicable	
Zip	Country	Zip	Cou	ntry	5. Certificate	of Status Desired	\$8.75 Add	itional
	6. Name and Address of Current R	egistered Agent	l.—	· · · · · · · · · · · · · · · · · · ·	7. Name and	Address of New	Registered Agent	-
				Name				
NIMON, ELLEN 4851 W GANDY BLVD - 12 SUNSET TAMPA, FL 33611				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Code	•
8. The above	named entity submits this statement for	he purpose of changing its	registere	ed office or register	red agent, or both	n in the State of F		and accept
	tions of registered agent.	Δ	109/0(0/0	omos or regions.	or ago, it, or both	., • • • • • • •		ana assopt
	FR Mi	res. Eller	Λ/,				3/17/06	ŀ
SIGNATURE	bellen (umoro,)		1411	MON				
	Signature, typed or orinted name of recistered accord an	d title if anniicable. (NOT)	F. Recistered	i Acent signatura required	(voistation		DATE	
_!: .	Signature, typed or printed name of registered agent an	d title if applicable. (NOTI	E: Registered	d Agent signature required	d when reinstating)	· · ·	DATE	
1 v	Filling Fee is \$61.25 Due by May 1, 2006	9. Election Can Trust Fund C	npaign Fi	inancing	\$5.00 May Be Added to Fees		Make check payable to	
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Fi	inancing on.	\$5.00 May Be Added to Fees	Flo	Make check payable to	ate
· .	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE	9. Election Can Trust Fund C	npaign Fi	inancing on.	\$5.00 May Be Added to Fees	FIG NGES TO OFFIC	Make check payable to prida Department of Sterns AND DIRECTORS IN Change	ate
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 10 if the changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Despite Despite Phone #

ATTACHMENT HOU35381

Title D
Home. Edward Bebou. #143439.

Oddress 4851 W. Gandy Blvd. 10 Sunsit

City, State & Zip. Tampa, FL. 33611
