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| (Requestor's Name)                      |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |
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| (Business Entity Name)                  |  |  |  |
| (Business Entity Nume)                  |  |  |  |
| (Document Number)                       |  |  |  |
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| 0.15-10.15-10.15-1                      |  |  |  |
| Certified Copies Certificates of Status |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |
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SECRETARY OF SINIE

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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 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: MYSTIC GREENS COMMONS ASSOCIATION, INC.  |
|--|
| 2. The principal office address: 5495 Bryson Drive, Suite #412, Naples, FL 34109   |
| 3. The mailing address (if different): Same  |
| 4. Date of incorporation/qualification: 09/19/1991 Document number: N45210   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  JOEL MESSINGER  400 Building at Park Central North, Suite #412  Naples, FL 34109   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  JOEL MESSINGER  5495 Bryson Drive, Suite #412  Naples, FL 34109   |
| P.O. Box NOT acceptable  |
| The street address of its registered office and the street address of the business office of its registered agents 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.  Signature of an officer or director  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.  Signature of Registered Agent  If signing on behalf of an entity:  Toel Messinger  Typed or Printed Name |

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314

## COVER LETTER

TO: Amendment Section
Division of Corporations

| SUBJECT: _       | MYSTIC GREENS COMMONS ASSOCIATION, INC.  Name of Corporation |  |  |
|------------------|--|--|--|
| DOCUMENT         | NUMBER: N45210   | <u>.</u>   |  |
|                  |  | l Office/Agent and fee are submitted for filing. |  |
| Please return a  | ll correspondence concerning this                            | matter to the following:                         |  |
|                  |  | -  |  |
|                  |  |  |  |
|                  |  | SSINGER  |  |
|                  | Name of Conta  | ct Person  |  |
|                  | Sandcastle l   | Management Inc.                                  |  |
|                  |  | n/Company  |  |
|                  | 5495 Bryson I  | Orive, Suite #412                                |  |
|                  |  | Address  |  |
| •                | Naples, FL   | 34109  |  |
|                  | City/Sta   | te and Zip Code                                  |  |
|                  | stephaniek@s   | andcastlecm.com                                  |  |
|                  |  | for future annual report notification)           |  |
|                  |  |  |  |
| For further info | ormation concerning this matter,                             | please call:                                     |  |
| Joe              | l Messinger  | _at(239) 596-7200                                |  |
| Name of Conta    | act Person   | Area Code & Daytime Telephone Number             |  |
|                  |  |  |  |
| Enclosed is a S  | \$35.00 check made payable to the                            | Department of State.                             |  |
|                  |  |  |  |
|                  | Mailing Address: Amendment Section                           | Street Address:                                  |  |
|                  |  | Amendment Section                                |  |
|                  | Division of Corporation                                      | •  |  |
|                  | P.O. Box 6327  | Clifton Building                                 |  |
|                  | Tallahassee, FL 32314  |  |  |
|                  |  | Tallahassee, FL 32301                            |  |