

N 48670

(Requestor's Name)



Associa

Community Management Concepts, Inc.

7400 Baymeadows Way, Suite 317 Jacksonville, Florida 32256

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

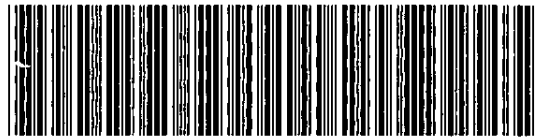
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.A. Change
C.COULLIETTE

OCT 27 2008

EXAMINER

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: Deerfield Pointe Homeowners Association, Inc.
2. The principal office address: 286 Fawnridge Lane
Orange Park, FL 32073
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/20/1999 Document number: N48670

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William D. Fields
9191 R. G. Skinner Parkway, Suite 602
Jacksonville, FL 32256

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Community Management Concepts, Inc.
7400 Bay Meadows Way Suite 317
(P.O. Box NOT acceptable)
Jacksonville, FL 32256

The street address of its registered office and the street address of the business office of its registered agent, as 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.

Charles R. Wagner Jr.
(Signature of an officer or director)

President Charles R. Wagner
(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.

Myra Randolph
(Signature of Registered Agent)

9/25/08
(Date)

If signing on behalf of an entity:

Myra Randolph
(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
CR2E045 (8/05)

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