

N920000000186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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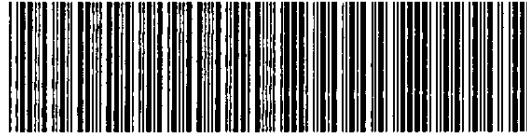
(Business Entity Name)

(Document Number)

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JASON M. PUGH
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February 22, 2011

John Riley
Three Meadows Phase III Homeowners Association, Inc.
P.O. Box 561436
Rockledge, FL 32956

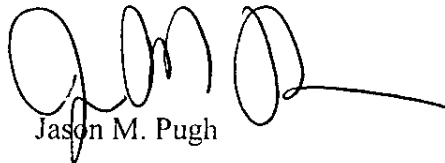
Re: Statement of Change of Registered Agent for Three Meadows Phase III
Homeowners Association, Inc.

Dear John:

Enclosed for your signature is a Statement of Change of Registered Agent for Three Meadows Phase III Homeowners Association, Inc. Please sign the same where indicated and forward the signed original with the enclosed Cover Letter to the mailing address listed at the bottom of the form with a check in the amount of \$35.00 made payable to the Department of State.

Please do not hesitate to contact us if you have any questions or comments. Thank you very much for your attention to the enclosed.

Very truly yours,



Jason M. Pugh

JMP/mm
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Three Meadows Phase III Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N92000000186

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Fendle
Name of Contact Person

Dean Mead Services, LLC
Firm/Company

800 N. MAGNOLIA AVE., SUITE 1500
Address

ORLANDO, FL 32803
City/State and Zip Code

MFendle@deanmead.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason M. Pugh at (321) 259-8900
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Three Meadows Phase III Homeowners Association, Inc.
2. The principal office address: 1256 WINDING MEADOWS RD
ROCKLEDGE, FL 32955
3. The mailing address (if different): P O BOX 561436
ROCKLEDGE, FL 32956-1436
4. Date of incorporation/qualification: 11/09/1992 Document number: N92000000186
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)

WELD, WARREN C

1256 WINDING MEADOWS RD

ROCKLEDGE, FL 32955

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

Dean Mead Services, LLC

800 N. Magnolia Ave., Suite 1500

P.O. Box NOT acceptable

Orlando, FL 32803

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.

Carol L. Pangle
Signature of an officer or director

Carol L. Pangle
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.

Kimberly B. Rezanka
Signature of Registered Agent

2/22/11
Date

If signing on behalf of an entity:

Kimberly B. Rezanka
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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