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TO:	Amendment Section
	Division of Corporations

CENTRAL HILLS MAINT ENANCE ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N940000 5613

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:

V#

FORT LAUDER DAVE, FL 3 3355

City/State and Zip Code

FOMA NO C COSHEGROUP. Com

FRIENDE & Cast Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

954 992-6000 X 896 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 <u>FLOR/DA</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: CENTRAL HILLS MAINTENANCE ASSOCIATION, INC
2. The principal office address: 12270 SW 314 ST.
PLANTATION FL 33325
3. The mailing address (if different): PO Box 559009-
FORT LAUDERDALE, FL 33355
4. Date of incorporation/qualification: 11-14.1994 Document number: N 9400000 5613
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)
BAKALAR & EICHNER
Westside Corporate CTR - 150 South PINE ISLAND RD., St& 54
PLANTATION FL 3332L
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
CHAPNICIC COMMUNITY ASSOCIATION LAW IAR
100 EAST LINTON BLUD, STE 502-B. P.O. Box NOT acceptable
DELRAY BEACH, 7L 33483
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.
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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 Date
If signing on behalf of an entity:
Michael E. Chamick Pariders Typed or Printed Name No. 17

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

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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