N95000004107

(Re	questor's Name)	
(Ād	dress)	
(Address)		
(Cit	ty/State/Zip/Phon	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations		
SUBJECT: Tampa Bay Chapter of the National Association of Residential Property Name of Corporation Managens, Inc.		
DOCUMENT NUMBER: N9500004107		
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:		
Name of Contact Person		
Name of Contact Person		
Cantury 2: Bill Nye Realty, Inc		
34619 State Road 54 Address		
Zaphy-hills F1 335V) City/State and Zip Code		
Only Bland and Dip Court		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Toe Worrell Name of Contact Person at (8/3) 7/5- 68-5 Area Code & Daytime Telephone Number		
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

$3-\cdot \cdot \cdot \cdot$ 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: Tampa Bay Chapter of the National Association of 2. The principal office address:
Zaphy-h:11s, F1 33541
3. The mailing address (if different):
4. Date of incorporation/qualification: 8/25/1995 Document number: N95000004107
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)
Anthony H Heist
1661 Estero Boulevard, Suite 20
Fort Myers Beach, FL 33931
Anthony H Hoist 1661 Estero Boulevard, Suite 20 Fort Myers Beach, FL 33931 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Harry Heist
Harry Heist
17264 San Carlos Boulevard, Suite 308
P.O. Box NOT acceptable Fort Myers Beach, FL 33931
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.
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:
Typed or Printed Name

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