1910000002041

(Re	equestor's Name)					
(Address)						
(Address)						
(Cil	ty/State/Zip/Phone	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STAIDA
TALLAHASSEE, FLORIDA
19 DEC 18 AM 9: 27

RAROCH8 12/21/09

COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJI	ECT: Townhomes at Kensington Homeowners Association, Inc. Name of Corporation						
DOCU	JMENT NUMBER: N9700002041						
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please return all correspondence concerning this matter to the following:							
	Karen E. Maller						
	Name of Contact Person						
	Powell Carney Maller Ramsay & Grove, P.A.						
	Firm/Company						
	One Progress Plaza, Suite 1210						
	Address						
	St. Petersburg, FL 33701 City/State and Zip Code						
	ony, out and Exp code						
	kmaller@powellcarneylaw.com						
	E-mail address: (to be used for future annual report notification)						
For fur	ther information concerning this matter, please call:						
	Karen E. Maller at (727) 898-9011						
	Karen E. Maller at (727) 898-9011 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

statement of cha	nge is submitted for a co	rporation organize	507.1508, or 617.1508, Flo d under the laws of the Stai d agent, or both, in the Stai	te of Florida		
1. The name of	the corporation: Town	homes at Ker	-	ers Association, Inc.		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	04/10/1997	Document number:	N97000002041		
	d street address of the cur		nt and registered office on f	file with the		
•	Resigned					
				To de Order		
	4			一 超		
6. The name and (if changed):	d street address of the new	w registered agent (if changed) and /or register	red office 090EC 18 AM 9: 27		
	Karen E. Maller			18 SEE		
	One Progress Plaza, Suite 1210 P.O. Box NOT acceptable					
	St. Petersburg, FL			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
The street addras changed will	ess of its registered office libe identical.	ce and the street ad	dress of the business offic	ce of its registered agent,		
Such change wauthorized by t	as authorized by resolut he board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or led in writing of the chan	by an officer so		
Son	ire of an officer or director	<u>~</u>	Bonnie M. S	Solomon President		
I hereby accept I further agree of my duties, an document is be corporation ha		istered agent and dissions of all statuted accept the obligation of a change in the statute of this change.	· ·	ty, nd complete performance gistered agent. Or, if this I hereby confirm that the		
If signing on bo	ehalf of an entity:					
Karen	E Wallex Typed or Printed Name					

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