## N9100000luli

(Red	questor's Name)
(Add	dress)
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(City	//State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
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(Doc	cument Number)
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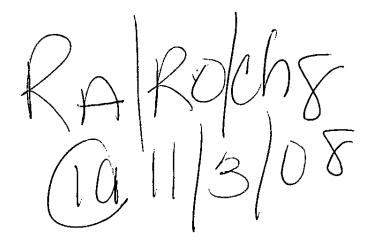


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SECRETARY OF STATE



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: MAGNOUA FOIRTE MASTER HOMESWEENS ASSIL. (Name of Corporation)
DOCUMENT NUMBER: 49714000667
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)  BRET JULES PA (Firm/Company)  700 ALMOUD SUCCET (Address)
CLERNEUT, C. 34FU (City/State and Zip Code)
For further information concerning this matter, please call:
ROSE STILLON (Name of Contact Person) at (HOT) biff- HOO X 2H5 (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

· -	17.0502, 607.1508, or 617.1508, Florida Statutes, to organized under the laws of the State of Fh-012-1 registered agent, or both, in the State of Florida.	
1. The name of the corporation: NASIOLIA  2. The principal office address: Cho ATTWO  Suche 100, Wutter Days	POINTE MASTER HOA	Page Aje
3. The mailing address (if different):		
4. Date of incorporation/qualification:	1998 Document number: 11975000	56667
5. The name and street address of the current regist Florida Department of State: (If resigned, enter it		
TATLOR & CAN	s PA.	
850 Connowia	E DAYHURY STRUTH STE 105	•
MAITIAND A	. डे अवहा	9
6. The name and street address of the new registere (if changed):	ed agent (if changed) and /or registered office	SECRETARY OF STATE OF
RVET Jones	5 <del>A</del> .	30
7to Almono	> Sweet	PH I
Cled more,	Fe - 34711	* 13 M
The street address of its registered office and the as changed will be identical.	e street address of the business office of its registe	ered agent,
	adopted by its board of directors or by an officer speen notified in writing of the change.	
Signature or apportise or directory	SCOTT BLANKIENSHIP, DREST	DENT MPHOA
I hereby accept the appointment as registered of I further agree to comply with the provisions of of my duties, and I am familiar with and accept document is being filed merely to reflect a chang corporation has been notified in writing of this corporation has been notified in writing of this corporation.	gent and agree to act in this capacity, all statutes relative to the proper and complete pe the obligation of my position as registered agent, ge in the registered office address, I hereby confir change.	erformance Or, if this rm that the
Bet Jones	10.23.8	
(Signature of Registered Agent)  If signing on behalf of an entity:	(Date)	
R + T	•	,
(Typed or Printed Name)	<u>.</u>	

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

CKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)