(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
P!CK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		
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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Fieldstream North Hor Name o	neowners Associat	ion, Inc.	
DOCUMENT NUM	MBER: NS	8000002023	-	
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:				
-	Lis Name of	a Kelley Contact Person		
	Sentry Ma	nagement, Inc.		
•		/Company		
		R. 434, Suite 5000		
· .	Longwoo City/State	od, FL 32779 e and Zip Code		
	INFORMATION@	SENTRYMGT.COM	·	
	E-mail address: (to be used for	r future annual report no	tification)	
For further information	tion concerning this matter, pleas	se call:		
•	LISA KELLEY	at (407)	₹	
Nam	ne of Contact Person	Area Code & Da	788-6700 ytime Telephone Number	
Enclosed is a \$35.0	0 check made payable to the Dep	partment of State.	1	
,	Mailing Address: Amendment Section	Street Addre Amendment	ss: Section	

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
	inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Fieldstream North Homeowners Association, Inc.
2. The principal	office address: 2180 West S.R. 434, Suite 5000
· .	Longwood, FL 32779
3. The mailing a	ddress (if different): Same as Principal Office Address
4. Date of incorp	poration/qualification: 01/07/1999 Document number: N98000002023
	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
• •	House of Mgmt. Enterprises for Community
	5756 S. Semoran Boulevard
	Orlando, FL 32822 US
6. The name and (if changed):	Orlando, FL 32822 US I street address of the new registered agent (if changed) and /or registered office James W. Hart, Jr. Sentry Management, Inc./2180 West S.R. 434, Suite 5000
	James W. Hart, Jr.
	Sentry Management, Inc./2180 West S.R. 434, Suite 5000 P.O. Box NOT acceptable
	Longwood, FL 32779
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Mercy	Mery Biszick Res e of an officer or director Mery Biszick Res
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
4	7/29/10
Sig	mature of Registered Agent Date
If signing on be	chalf of an entity:
	yped or Printed Name
	* * * FILING FEE: \$35.00 * * *