N98000003402

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C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Marsh Landing Town house VI Name of Corporation DOCUMENT NUMBER: N 98 00000 3402
DOCUMENT NUMBER: N 98 0000 3402
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:
Susan L. Thompson Name of Contact Person
Advanced Property Management
1035 Collier Center Way # 7
Naples, FL 34110 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Lindsey Floga at (239, 513-9433) 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 change is submitted for a corporation	organized under the laws of the State of
1. The name of the corporation Marsh La 2. The principal office address: Lo Adva	anding Townhouse Condo VII
3. The mailing address (if different):	(vay #7 Naples, FL 341)
4. Date of incorporation/qualification:	/1998 Document number: N9800000340
Managemer 1035 Collier P.O. B	onsuetants in Trail N # 2010 = ================================
	street address of the business office of its registered agent, dopted by its board of directors or by an officer so een notified in writing of the change.
agent. Or, if this document is being filed merely thereby confirm that the corporation has been not	ll statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address. I
Signature of Registered Ageny If signing on behalf of an entity: Susan L. Thompson Typed or Printed Name	AGENT

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