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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ADVENTIST HEALTH SYSTEM

Account Number : I20050000005 Phone : (407) 975-1410

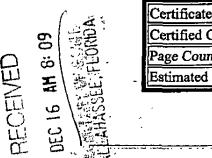
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: (407)975-1414

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	Sarah.Sneath@ahss.org	
		adidii'alibanimanaa.o.a	

REGISTERED AGENT CHANGE REFLECTIONS COMMERCIAL CONDOMINIUM ASSOCIATION. INC.



Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Reflections Commercial Condominium Association, In Name of Corporation								
DOCUMENT NUMBER:	N9800	00003425						
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:								
	Sarah Sn	eath						
_	Name of Conta	ct Person						
	Adventist Heat Firm/Com							
	11111111111	· .						
	900 Hope	Wav						
	Address							
Altamonte Springs, FL 32714 City/State and Zip Code								
	sarah.sneath@	ahss.org						
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Sarah Snea	ath	at (407) Area Code & Daytin	975-1494					
Name of Contact P	erson	Area Code & Daytin	ne Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.								
Division P.O. Box		Street Address: Amendment Sec Division of Cor Clifton Buildin	porations B					
Tallahass	see, FL 32314	2661 Executive	Center Circle					

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a co	orporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of
1. The name of	the corporation: Refle	ctions Comme	_	m Association, Inc.
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification:	06/12/1998	Document number:	N98000003425
	nd street address of the cu artment of State: (If resign		at and registered office on	file with the
	Jeff Bromme			TAL ST
	111 N. Orlando Av	enue -		
	Winter Park, FL 32			- C16
6. The name an (if changed):		w registered agent (i	f changed) and /or register	PH 2: 52 PH 2: 52 PH 2: 52
	900 Hope Way			
		P.O. Box NOT not	peptable	
	Altamonte Springs			
The street addras changed wil	ress of its registered office lbe identical.	ce and the street add	dress of the business offic	e of its registered agent,
Such change wanthorized by t	vas authorized by resolut the board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chang	by an officer so ge.
light the same of	re of an officer or director		Ariel De Prada, Ass	sistant Secretary
			gree to act in this capacies relative to the proper an tion of my position as regestiered office address, I	
Si	mature of Registered Agent	- No many	Date	
	ehalf of an entity:	Our c		
	Typed or Printed Name			H11000268663 3

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