N9900002024

(Requestor's Name)
Mangoment Sciences, Inc 3906 Woodglade Care Winter Park, FL 32792
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



700112973667

12/10/07--01042--002 **35.00

BIVISION OF CORPORATIONS
OF DEC 10 PM 2: 43

Chelson Salar

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida Statutes.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Daba! Beta at Walestord Homeowners HSS
2. The principal office address: 3906 Woodglade W
Winter Park, FL 32792
3. The mailing address (if different):
4. Date of incorporation/qualification: 426 1999 Document number: N99000267
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
COMMUNITY NGWT: POF. INC.
5401 S. KIRKMAN ROAD, Ste. 450
ORLANDO, FL 32819
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Management Sciences Inc. 3906 Woodslade Cove Winfer Park, FL 32792
The street address of its registered office and the street address of the business office of its registered gent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of an officer or director) RICHARD FT. PLUMLEE (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
(Signature of Registered Agent) (Dete)
If signing on behalf of an entity: Robert Settzer (Typed or Printed Name)

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

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