02000081478

(Requestor's Name)			
(Address)			
·			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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G. Coulliste SEP 2 0 2007

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJECT: MIDDLEBROOK DEVELOPMENTS INC. (Name of Corporation)				
DOCU	MENT NUMBER: P02000081478	A STATE OF THE STA		
The enc	closed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	,	· ·		
	JANE CROMPTON			
(Name of Contact Person)				
MIDDLEBROOK DEVELOPMENTS				
	(Firm/Compar	ny)		
14400 YAKIMA TRAIL				
(Address)				
	ORLANDO, FLORIDA 32837			
(City/State and Zip Code)				
For furt	ther information concerning this matter, please call:			
JANE	CROMPTON at	∠407 > 582 9054		
	(Name of Contact Person)	(407) 582 9054 (Area Code & Daytime Telephone Number)		
		• •		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Amendment Section Division of Corporations	Division of Corporations		
w	P.O. Box 6327	Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		
		Tallahassee, FL 32301		

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

statement of cha	ange is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Statutes, i ganized under the laws of the State of istered agent, or both, in the State of Florida.	this	
1. The name of	the corporation: MIDDLEBROOK DEV	/ELOPMENTS INC.		
	office address: 14400 YAKIMA TRAIL			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 07/26/2002	Document number: P02000081478		
	d street address of the current registered rtment of State:	d agent and registered office on file with the		
	PHILIP CROMPTON			
2832 MICHIGAN AVENUE				
KISSIMMEE, FLORIDA 34744				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			SEP 17 PM 12: 07 CRETARY OF STATE LAHASSEE, FLORID	
PHILIP CROMPTON (NO CHANGE)				
	14400 LUMINU LIANE			
(P.O. Box NOT acceptable)			7.>	
	ORLANDO, FLORIDA 32837			
The street addr as changed wil	ess of its registered office and the stroll be identical.	eet address of the business office of its registe	ered agent,	
Such change wauthorized by t	as authorized by resolution duly ador he board, or the corporation has been	pted by its board of directors or by an officer a inotified in writing of the change.	so	
<u>J.</u>	Compan	JANE CROMPTON		
I havabu aaaan	ure of an officer of director) I the appointment as registered agent to comply with the provisions of all s Ind I am familiar with and accept the ing filed merely to reflect a change ir s been notified in writing of this char	(Printed or typed name and title) and agree to act in this capacity. statutes relative to the proper and complete peobligation of my position as registered agent, a the registered office address, I hereby confinge.	erformance Or, if this m that the	
	<u>'</u>	09/13/2007		
(S	ignature of Registered Agent)	(Date)		
If signing on be	ehalf of an entity:			
	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)