P03000026894

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	,
(Cit	ty/State/Zip/Phone	= #)
	_	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
	•	
		
Special Instructions to	Filing Officer:	ŀ
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700069275897

04/03/06--01011--016 **35.00

04/03/08-01011--016 **43.75



COVER LETTER

TO: Amen Divisi	dment Section ion of Corporations	
SUBJECT:_	New Start Property Manage (Name of Corp	ment Company oration)
DOCUMENT	FNUMBER: P03000026894	·
The enclosed	Statement of Change of Registered Office/A	gent and fee are submitted for filing.
Please return	all correspondence concerning this matter to	the following:
	Roger B. Tompkins (Name of Contact	et Person)
	NA (Firm/Comp	pany)
	8200 Shade Tree Ct (Address	<u>s</u>)
	Jacksonville, FL, 32256 (City/State and 2	Žip Code)
For further in	formation concerning this matter, please call	
Roger B. To	ompkins (Name of Contact Person)	at (904) 645-6056 (Area Code & Daytime Telephone Number)
Enclosed is a	\$35.00 check made payable to the Departme	nt 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

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TO:

STÁTEMENT 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, ange is submitted for a corporation organized under the laws of the State of $$ Florida			
•	er to change its registered office or registered agent, or both, in the State of Florida.		— .	
1. The name of	the corporation: New Start Property Management Company			_
2. The principal	office address: 404 N 4th Street, Suite #1			
Jacksonvi	ille Beach, FL, 32250			
3. The mailing a	address (if different): PO Box #3494, Ponte Vedra Beach, FL, 32004			
4. Date of incorp	poration/qualification: 03/06/2003 Document number: P0300002689)4		
	d street address of the current registered agent and registered office on file with the artment of State:			
	Kenneth A Kelly	<u> </u>	S	
	421 E central Ave #1202	CRE.) APR	
	Orlando, FL, 32801	ASSI ASSI	သ	1
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	OF STA	AH 9:2	1
	Roger B. Tompkins	<u>ă</u>	فَ	
	8200 Shade Tree Ct			
	(P.O. Box NOT acceptable)			
	Jacksonville, FL, 32256			
The street address changed will	ess of its registered office and the street address of the business office of its regist l be identical.	ered ago	ent,	
Such change wathorized by the	as authorized by resolution duly adopted by its board of directors or by an officer he board, or the corporation has been notified in writing of the change.			
Caral 9	Uniform (Printed or typed name and title)	SEC	7	
I hereby accept I further agree of my duties, ar document is be corporation has	t 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 p nd I am familiar with and accept the obligation of my position as registered agent ing filed merely to reflect a change in the registered office address, I hereby confishen notified in writing of this change.	erforma Or, if rm that	ance this the	
$\mathcal{L}_{\mathcal{S}}^{\mathcal{Z}}$	ignature of Registered Agent) 3/28/06 (Date)		_ .	
	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