P.0500084542

(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Florida Association Munagement, Inc. (Name of corporation)			
DOCUMENT NUMBER: PO500084542			
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:			
(Name of contact person)			
Florida Association Management			
3361 W. Vine Street, Suite 208			
Kissimmee, FL 34741 (City/state and zip code)			
For further information concerning this matter, please call:			
Name of contact person) at (407, 483-130) (Area code & daytime telephone number)			
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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 409 E. Gaines Street Tallahassee, FL 32399

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 HOCIAL
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Horida Association Management, In
2. The principal office address: 336/ W. Vine Street, Suik 208
Kissimmee, FL 3474/
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/10/2005 Document number: P0500084546
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: Florida Department of State: De4L1E Bo4D
The street address of its registered office and the street address of the business office of its registered agent, 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 of director) Dollie Boy distribution expension of typed fame and fulls
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) (Signature of Registered Agent)
If signing on behalf of an entity:
Dollie Boy (Typed or Printed Name)

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