## Polo000029765

(Re	questor's Name)	1			
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(City/State/Zip/Phone #)					
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Special Instructions to	Filing Officer:				
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Office Use Only



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12/31/09

## **COVER LETTER**

TO: Amendment Sect Division of Corpo						
SUBJECT: Reserve at Blue Spring, Inc.  Name of Corporation						
DOCUMENT NUMBER: P06000029765						
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:						
		-				
C. Edward Thomas						
	Name of Co	ntact Person				
	_					
	Reserve at Blu	ue Spring, Inc.				
	P.O. 130	1 4				
	44329 57035 Add	<del>Country Blv</del> d.				
	Altoona, l	FL 32702				
City/State and Zip Code						
	EdThomas12@a	mharamail com				
E-mail address: (to be used for future annual report notification)						
a man de la						
For further information co	oncerning this matter, please o	call:				
C Edw	ard Thomas	352 > 771 5002				
	Contact Person	at ( 352 ) 771.5902  Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.						
Ā C P	Mailing Address: Amendment Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

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

statement of cha	nge is submitted for a cor	poration organized	07.1508, or 617.1508, Flo I under the laws of the Sta I agent, or both, in the Sta	nte of Florida		
1 ,	he corporation: Reser					
2. The principal	office address: 1000 N.	Orlando Avenu	ue, Suite D, Winter P	ark, FL 32789		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	2/28/2006	Document number:	P06000029765		
	street address of the curr tment of State: (If resigne		t and registered office on	file with the		
	David C. Strong					
	1000 N. Orlando Avenue, Suite D					
	Winter Park, FL 32	789				
6. The name and (if changed):			f changed) and /or registe	red office SECRETARY PARISON		
	C. Edward Thomas 44326 Cross Count	try Blvd.		— 表 'K		
	Altoona, FL 32702	P.O. Box NOT ac	ceptable	\(\begin{align*} \text{V: 02} \\ V:		
The street address changed will	ess of its registered office be identical.	e and the street add	dress of the business offi	ce of its registered agent,		
Such change was authorized by	is authorized by resoluti	on duly adopted by ion has been notifi	y its board of directors or ed in writing of the chan			
0	of an officer or director		C. Edward Thor Printed or typed na	me and title		
I hereby accept I further agree of my duties, ay document is be corporation ha	the appointment as regito comply with the provi of am familiar with and in a filed merely to reflect then notified in writing	stered agent and a sions of all statute I accept the obliga t a change in the r of this change.	gree to act in this capac s relative to the proper a tion of my position as re egistered office address,	ity, ind complete performance gistered agent. Or, if this I hereby confirm that the		
_2	Y min	<u> </u>	C. Edward	Thomas  2-11-69		
_	chalf of an entity:		Date	12-11-69		
	yped or Printed Name					

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