P93000050874

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000175964 3)))

H110001759643ABC1

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

000076.150910

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: pk_fletcher@avatarholdings.com

RECEIVED
11 JUL -7 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 JUL -7 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE**
**AVATAR HARBOR ISLANDS, INC.**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | $35.00 |

Electronic Filing Menu Corporate Filing Menu Help

RA Ro chg



TM 7-8-11

H11000175964 3

**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 *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: AVATAR HARBOR ISLANDS, INC.
2. The principal office address: 201 ALHAMBRA CIRCLE, 12TH FL
   CORAL GABLES FL 33134 US
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/15/1993 Document number: P93000060874
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (if resigned, enter resigned)

   KERRIGAN, JUANITA I
   201 ALHAMBRA CIRCLE, 12TH FL
   CORAL GABLES FL 33134

6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):

   NRAI SERVICES, INC.
   515 EAST PARK AVENUE
   P.O. Box NOT acceptable
   TALLAHASSEE, FL 32301

FILED
11 JUL -7 AM 10: 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Patricia K Fletcher — Signature of an officer or director
PATRICIA K. FLETCHER, OFFICER — 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.*

NRAI Services, Inc.
By: Michele Holden — Signature of Registered Agent
7/7/11 — Date

If signing on behalf of an entity:

MICHELE HOLDEN, ASST SECT
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)

H11000175964 3