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(Re	equestor's Name)						
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TALL OF STATE SECRETARY OF STATE

COVER LETTER

TO: A	nendment Section vision of Corporations
SUBJECT	The Wren Aber Management Team, Inc. Name of Corporation
DOCUMI	ENT NUMBER: P94000009028
The enclos	ed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please retu	rn all correspondence concerning this matter to the following:
	Robert T. Magill, Esquire Name of Contact Person
	Fishback Dominick Firm/Company
	Filli/Company
	1947 Lee Road Address
	Winter Park, Fl 32789 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Robert	Magill at (407) 425-2786 Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
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 Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of char	nge is submitted f	ions 607.0502, 617.050 for a corporation organ gistered office or regist	nized under the laws	of the State of _	Florida
			-	·	nc.
1. The name of the corporation: The Wren Ab 2. The principal office address: 2016 Woody				c reamy r	ne.
2. The principal C	711100 aaa1035	Windermere,	Fl 34786		
3. The mailing ad	ldress (if differen				
4. Date of incorpo	oration/qualificat	ion: <u>1/27/1994</u>	Document nur	nber: <u>P9400</u>	0009028
		the current registered a resigned, enter resigne		office on file with	n the
_	Patrick M	. Magill			
-	1234 E. C	oncord Street	:		
_	Orlando,	Fl 32803			7 S 3
6. The name and s (if changed):	street address of t	he new registered agen	nt (if changed) and /o	r registered offic	PSE I
_	Robert T.	Magill			PH 3: NO
_	1947 Lee				STAT OF
		P.O. Box NO	T acceptable		B .Fri
_	Winter Pa	rk, FL 32789			t .
The street address as changed will b	s of its registered e identical.	office and the street	address of the busin	ess office of its	registered agent,
Such change was authorized by the	authorized by re board, or the co	solution duly adopted rporation has been not	l by its board of dire tified in writing of t	ectors or by an o	officer so
	gar.		Wren Aber,	President	t/Vice President
•	of an officer or director the appointment a comply with the I am familiar wit of filed merely to the een notified in w	s registered agent and provisions of all statu th and accept the oblive reflect a change in the riting of this change.		rtyfed name and title s capacity, roper and comp n as registered ddress, I hereby	
1			9	.20.10	
Signati	ure of Registered Ager	nt .		Date	
f signing on beha	If of an entity:				
Туре	d or Printed Name				
		* * * FILING FE	E: \$35.00 * * *		