P98000033434

(Requ	estor's Name)
(Address)	
(Address)	
(City/S	itate/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Busin	ess Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to Fili	ng Officer:

Office Use Only

RA | Ch8 | CC



400087563024

02/09/07--01037--006 **43.75

07 FEB -9 PM 2: 32

SECRETARY OF STATE

COVER LETTER

Amendment Section Division of Corporations TO: SUBJECT: OCALA SPRINGS UTILITIES, INC. (Name of Corporation) DOCUMENT NUMBER: P98000033434 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: PATRICE M. JOHNSTON (Name of Contact Person) AVATAR PROPERTIES INC. (Firm/Company) 201 ALHAMBRA CIRCLE, 12TH FL (Address) CORAL GABLES, FL 33134 (City/State and Zip Code) For further information concerning this matter, please call: at (<u>3</u>05 PATRICE M. JOHNSTON y 442 7000 x2214 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this atement 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.
The name of the corporation: OCALA SPRINGS UTILITIES, INC.
The principal office address: 201 ALHAMBRA CIRCLE, 12TH FLOOR, CORAL GABLES, FL 331
The mailing address (if different):
Date of incorporation/qualification: 04/10/1998 Document number: P98000033434
The name and street address of the current registered agent and registered office on file with the Florida Department of State:
DENNIS J. GETMAN
201 ALHAMBRA CIRCLE, 12TH FL
CORAL GABLES, FL 33134
CORAL GABLES, FL 33134 The name and street address of the new registered agent (if changed) and /or registered office (if changed): JUANITA I. KERRIGAN 201 ALHAMBRA CIRCLE, 12TH FL
JUANITA I. KERRIGAN
(P.O. Box NOT acceptable) CORAL GABLES, FL 33134
he street address of its registered office and the street address of the business office of its registered agent, changed will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so ithorized by the board, or the corporation has been notified in writing of the change.
(Signature of an officer or director) CHARLES L. McNAIRY, EVP (Printed or typed name and title)
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the proration has been notified in writing of this change.
Institute of Registered Agent) FEBRUARY 5, 2007 (Date)
signing on behalf 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
CR2E045 (8/05)