

P98 0000 975 71

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

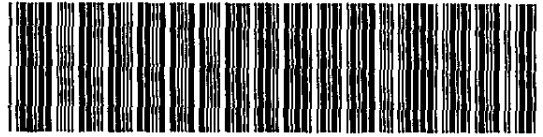
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Change
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Association Office, Inc
(Name of Corporation)

DOCUMENT NUMBER: P98000097571

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:

Cynthia Stenberg
(Name of Contact Person)

The Association Office Inc
(Firm/Company)

369 Joy Ln
(Address)

Santa Rosa Bch Fl 32459
(City/State and Zip Code)

For further information concerning this matter, please call:

Cynthia Stenberg at (850) 267 8458
(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

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: The Association Office Inc
2. The principal office address: # C16 7 Town Center Loop
Santa Rosa Bch Fl 32459
3. The mailing address (if different): PO Box 1247
Santa Rosa Bch Fl 32459
4. Date of incorporation/qualification: 11/18/1998 Document number: P99000097571
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Steven K. Hall
36468 Emerald Coast Parkway Ste. 2101
Destin, Florida 32541

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

Cynthia Stenberg
369 Joy Lane
(P.O. Box NOT acceptable)
Santa Rosa Bch Fl 32459

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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.

Cynthia Stenberg
(Signature of an officer or director)

Cynthia Stenberg, Owner
(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.

Cynthia Stenberg
(Signature of Registered Agent)

2/14/06
(Date)

If signing on behalf of an entity:

Cynthia Stenberg
(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