N38761

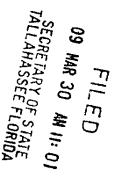
2180 W State Road 434 Suite 5000 Longwood FL 32779-5044 330760-0 (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status Special Instructions to Filing Officer:

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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: OAKBRIDGE OWNERS ASSOCIATION NO. TWO, INC.			
	office address: 2180 WEST SR 434 STE 5000			
	LONGWOOD FL 32779-5044			
3. The mailing a	address (if different):	<u>, , , , , , , , , , , , , , , , , , , </u>		
4. Date of incorp	poration/qualification: 06/25/1990 Document number: N38761			
	d street address of the current registered agent and registered office on file with the runent of State:	he		
	MASS, LEONARD			
	3604 HARDEN BLVD	,		
	LAKELAND FL 33803	SEC	9	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	RETARY AHASSE	MAR 30	T
	JAMES W HART JR	11.00 E		
	C/O SENTRY MANAGEMENT, INC./ 2180 WEST SR 434 STE 5000	STATI	基二: (
	(P.O. Box NOT acceptable) LONGWOOD FL 32779-5044	≽ ™	=	
	ress of its registered office and the street address of the business office of its relational.		d agen	t,
Such change wauthorized by the	was authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.		Sã	co fan
	ture of an officer or director. I the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and completed among the proper and completed among the following filed merely to reflect a change in the registered office address, I hereby to be notified in writing of this change.)*		1
A	innature of Registered Agent) (Date)			-
	ignature of Registered Agent) (Date) chalf of an entity:			
JAMES W	·			
(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