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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

005/15

COVER LETTER

TO:

Amendment Section **Division of Corporations**

PIEDMONT G ASSOCIATION, INC.

Name of Corporation

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:

TAMMY WILSON

Name of Contact Person

WILSON LANDSCAPING & MANAGEMENT CORP.

Firm/Company

1300 NW 17TH AVE. SUITE 270

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

TAMMY@WILSONMANAGEMENT.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMMY WILSON

Name of Contact Person

1 637-3402 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 ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statu Organized under the laws of the State of FLOF	RIDA	_
		registered agent, or both, in the State of Floric	da.	
1. The name of	the corporation: PIEDMONT'G	ASSOCIATION, INC.	··	
	office address: 1300 NW 17Th BEACH, FL 33445	TAVE. SUITE 270		
		OVING 4/27/15 TO ADDRESS AL	BOVE	
3. The mailing	address (if different):	SVING 4/2// TO TO ADDITEGO AL	OVL	
4. Date of incom	poration/qualification: 10/23/79	Document number: 749484		
	d street address of the current registe rtment of State: (If resigned, enter re	ered agent and registered office on file with the signed)	e	
	DANNY L WILSON			
	4723 W ATLANTIC AVE	A-19		런
	DELRAY BEACH, FL 334	145	15 H	SECRI
(if changed):			MAY II	FILE TARY O HASSEE
	DANNY L. WILSON		PH	- 기유 기유 기유
	1300 NW 17TH AVE. SU		ဒ္ 0 l	TATE ORID/
	DELRAY BEACH, FL 334	x NOT acceptable		D
The street addr	ess of its registered office and the st	treet address of the business office of its regi	istered age	ent,
		opted by its board of directors or by an office on notified in writing of the change.		
Sheila	Dumiack fres.			_
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agen to comply with the provisions of all my duties, and ham familiar with a	statutes relative to the proper and complete and accept the obligation of my position as re preflect a change in the registered office add	egistered	
Da	uh	4-24-15		
Sig	partire of Registered Agent	Date		
	chalf of an entity:			
DANNY L.	WILSON yped or Printed Name			
	ypod or r miled reame			

* * * FILING FEE: \$35.00 * * *