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COVER LETTER

Mainlands of Tamarac By The Gulf Unit Six Association, Inc. SUBJECT: Name of Corporation DOCUMENT NUMBER: 750304 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: Ellen Hirsch De Haan, Esquire Name of Contact Person Wetherington Hamilton, P.A. Firm/Company 1010 N. Florida Avenue Address अंद्र १५० अ**द्र**े Tampa, FL 33602 City/State and Zip Code ellen@whhlaw.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen Hirsch De Haan, Esq. at (813) 225-1918

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

CR2E045 (03/12)

TO:

Amendment Section Division of Corporations

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of F/o/s / A to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	ne corporation: Mainlands of Tamarac By The Gulf Unit Six Association, Inc.	
2. The principal	office address: 7300 Park Street, Seminole, FL 33777	
3. The mailing ac	ldress (if different):	
4. Date of incorp	oration/qualification: 12/20/1979 Document number: 750304	
	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	
	Associa Gulf Coast, Inc.	
	Associa Gulf Coast, Inc. 9887 Fourth Street North, Suite 301	
	St. Peterspurg, FL 33702	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Wetherington Hamilton, P.A.	
	1010 N. Florida Avenue	
	P.O. Box NOT acceptable Tampa, FL 33602	
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
Ends W	McVorule Proc. GRADY Mc Donald Pres.	
V	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 complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
Ellen	nature of Registered Agent Date	
If signing on behalf of an entity:		
Ellen Hirse	yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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