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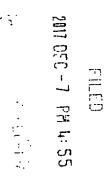
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Lake Ellen Villas, Inc.

Name of Corporation

DOCUMENT NUMBER: 752606

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:

Charles Evans Glausier

Name of Contact Person

Glausier Knight, PLLC

Firm/Company

400 N. Ashley Drive, Ste. 2020

Address

Tampa, FL 33602

City/State and Zip Code

cglausier@glausierknight.com

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

For further information concerning this matter, please call:

Charles Evans Glausier
Name of Contact Person

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flor ange is submitted for a corporation organized under the laws of the State or to change its registered office or registered agent, or both, in the State	of Florida	
1. The name of	the corporation. Lake Ellen Villas, Inc.		
2. The principal	office address: 17824 N. US Hwy 41, Lutz, FL 33549		· · · · ·
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 11/27/1995 Document number: 752	2606	
	d street address of the current registered agent and registered office on firtment of State: (If resigned, enter resigned)	le with the	
	Charles Evans Glausier		201
	1801 N. Highland Avenue		105C Sull 188
	Tampa, FL 33602		FILL 5-7
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registere	d office	FILED -7 PH 4: 9
	Charles Evans Glausier	====	55
	400 N. Ashley Dr., Suite 2020		
	P.O. Box NOT acceptable Tampa, FL 33602		
	ess of its registered office and the street address of the business office be identical. as authorized by resolution duly adopted by its board of directors or by the board, or the corporation has been notified in writing of the change.		
151, Sun 1	Sam Bailey, Preside		
I further agree performance of agent. Or, if the hereby confirm	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 my duties, and I am familiar with and accept the obligation of my possis document is being filed merely to reflect a change in the registered of that the corporation has been notified in writing of this change. ODEC 17 Chalf of an entity:	complete ition as rev	istered ess, I
	yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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