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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
in order to change its registered office or registered agent, or both, in the State
of Florida.
1. The name of the corporation: MAGNOLIA BAY TOWNHOMES ASSOCIATION, INC.
2. The principal office address: 2525 Dr Phillips BLVd. 184178 210
Orlanda FL 32819
3. The mailing address (if different): 1633 E. Vine St., Suite 110
Kissimmee, FL 34744
4. Date of incorporation/qualification: 1-25-02 Document number: Wagaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Craig Lynch
7575 Dr. Phillips Blyd #210
Orlando FL 32819 P
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): LeLand Management Inc.
Lissimmee, FL 34744 [P.O. Box or personal mailbox NOT acceptable) Kissimmee, FL 34744 [P.O. Box or personal mailbox NOT acceptable) [P.O. Box or personal mailbox NOT acceptable) [P.O. Box or personal mailbox NOT acceptable)
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, of the corporation has been notified in writing of the change. (Signature of an officer, chairman of the board) (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.
If signing on behalf of an entity:
Kebeach Furtow Hour (Capacity)
* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314