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Office Use Only



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JUL 2 4 2015

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COVER LETTER

TO: Amendment Section
Division of Corporations



SUBJECT:	GRAND LAKES PHASE I HOMEOWNERS ASSOCIATION, INC.	
	Name of Corporation	
DOCUMENT	NO3000004834	NUMBER:
The enclosed Sta	tement of Change of Registered Office/Agent and fee are submitted for fi	ling.
Please return all	correspondence concerning this matter to the following:	
	CARLA A JONES, ESQ. Name of Contact Person	
	WALTON JONES & BROWNE Firm/Company	
	550 NE 124 STREET Address	
	NORTH MIAMI, FL 33161 City/State and Zip Code	
	carla@wjblegal.com E-mail address: (to be used for future annual report notification)	
For further inforr	mation concerning this matter, please call:	

_____ at (786-230-1091)

Name of Contact Person

CARLA A. JONES, ESQ.

Enclosed is a \$35,00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations P.O.
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF 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.

The street address of its registered office and the street address of the business office of its registered agent, as hanged will be identical.			
Such change was authorized by resolution duly adopt by the board, or the corporation has been notified in v	ed by its board of directors or by an officer so authorized writing of the change.		
Signature of an officer or director	Printed or typed name and title		
of my duties, and I am familiar with and accept the of	atutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the		
Signapore of Registered Agent	7/21/2015 Date		
If signing on behalf of an entity:			
Typed or Printed Name			

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

(03/12)

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