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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

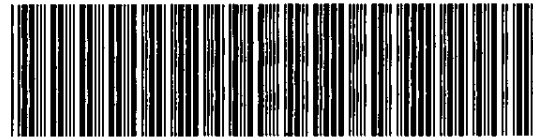
(Business Entity Name)

(Document Number)

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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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: The Homeowners Association of Cypress Lakes, Inc
- 2. The principal office address: 79 Masters Dr
St. Augustine FL 32084
- 3. The mailing address (if different): Same

4. Date of incorporation/qualification: 12/23/03 Document number: NO3000009329

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Wallace, Denise
920 3rd Street Ste B
Neptune Bch FL 32266

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Janice L. Herren
79 Masters Dr.
P.O. Box NOT acceptable
St. Augustine FL 32084

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DATE 11/11/04 BY 60324

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, or the corporation has been notified in writing of the change.

Signature of an officer or director 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.

Janice L. Herren 10/25/11
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (8/05)

pd. 10/24/11
ck. 1017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Homeowners Association of Cypress Lakes, Inc.
Name of Corporation

DOCUMENT NUMBER: NQ3000009329

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:

Janice L. Herren
Name of Contact Person

The Neighborhood Managers Inc
Firm/Company

79 Masters Drive
Address

St. Augustine FL 32084
City/State and Zip Code

mgmtpros@neighborhoodmgrs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice L. Herren at (904) 819-9526
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