

NOB000009B29

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

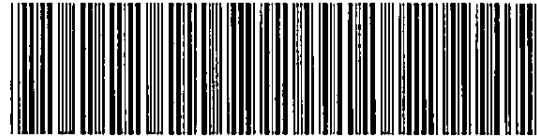
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
NOV 21 2017
S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: N03000009329

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:

Tammy Quiller

Name of Contact Person

MAY Management Services, Inc

Firm/Company

5455 A1A South

Address

St. Augustine FL 32080

City/State and Zip Code

customerservice1@mayresort.com

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

For further information concerning this matter, please call:

Tammy Quiller

Name of Contact Person

at (904) 461-9708 ext 712

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

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: 5455 A1A South, St. Augustine FL 32080

3. The mailing address (if different): 5455 A1A South, St. Augustine FL 32080

4. Date of incorporation/qualification: 12/01/17 Document number: N03000009329

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)

Sovereign & Jacobs Property Management

461 A1A Beach Blvd

St. Augustine FL 32080

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

MAY Management Services Inc

5455 A1A South

P.O. Box NOT acceptable

St. Augustine FL 32080

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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.

Monty L. Campbell
Signature of an officer or director

Monty L. Campbell
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.

Inna Marks
Signature of Registered Agent

11/13/17
Date

If signing on behalf of an entity:

Inna Marks
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