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SECRE LAKE OF STATIONS CONFISION OF CORPORATIONS

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## **COVER LETTER**

Division of Corporations			
SUBJECT: Symmerloreez Condominium Association Name of Corporation			
DOCUMENT NUMBER:			
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:			
1851EV DUPUIS Name of Contact Person			
TO Sunshine Property Management			
PO POX 122015 Address			
FA WUDERCIAL FL 33312 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Name of Contact Person at (954) 585 028  Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address: Street Address:			

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

## 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: Simplification Conclominium ASSOCIATION
2. The principal office address: 330 S. State Road 7, Suite 500
DICINACHION, FC 33317
3. The mailing address (if different): VO BOX 122015
FA Laudevolate, FL 33317
4. Date of incorporation/qualification:
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)
United Community Management Corp.
11784 W. Sample Doad # 103 = 3
COM Springs FL 38005  6 The name and street address of the new registered great (if changed) and (or registered office)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TDS noning Property Management Le Co
330 S. Stote Road 7, SUITE 500
PO. Box NOT acceptable  A. CUVALYCIA IL FL 33317
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. HELOH ZIEZINSIC
Chilgaplus PRESIDENT
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.
10-14-12
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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