W130000004647

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
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2023 APR 24 PH 1:55

COVER LETTER

TO: Amendment Section Division of Corporations
HARRINGTON POINT AT WYNDHAM LAKES HOA, INC. SUBJECT: 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:
william C. Webb
Name of Contact Person DWD Professional Management, ELC
Firm/Company 9419 Tradeport Drive
Address Orlando, FL 32827
City/State and Zip Code carey@dwdpm.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
william C. Webb 407 251-2200 at ()
Name of Contact Person Area Code & Daytime Telephone Num

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

Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Florid registered agent, or both, in the State of Florida.	da ———	
1. The name of	Harrington Po	int at Wyndham Lakes HOA, Inc. Drive, Orlando, FL 32827		
3. The mailing a	address (if different):	N130000464 Document number:		
4. Date of incor	poration/qualification:	Document number:	<u> </u>	
	rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
	Don Asher & Associates		202.	
	1801 Cook Ave., Orlando,	FL 32806	2023 APR 24	
6. The name and (if changed):	d agent (if changed) and /or registered office	P11 1: 5		
	DWD Professional Managem	ent, LLC	9	
	9419 Tradeport Drive, Orlando, FL 32827			
		P.O. Box NO Facceptable		
The street addras changed will	ess of its registered office and the slibe identical.	street address of the business office of its regis	tered agent.	
Such change w	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an officer een notified in writing of the change.	° SO	
Hannel Ocasio		Manuel Ocasio		
P+52C+5BGSPS+EA	ite of an officer or director	Printed or typed name and title		
I further agree of my duties, ar document is be	the appointment as registered age to comply with the provisions of a ad I am familiar with and accept th ing filed merely to reflect a change s been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete plus obligation of my position as registered agen to in the registered office address, I hereby conjudinge.	performance t. Or, if this irm that the	
William Web		64 1 <u>8</u> 82 <u>9</u> 023		
E13CF5F2581C43[mature of Registered Agent	Date	 	
If signing on be	chalf of an entity:			
William C.	webb			
	yped or Printed Name			
	* * * FILIN	NG FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)