## N9700000 1191

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	_ <del>-</del> <del></del>
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
		·





600339000716

01/13/20--01014--011 \*\*35.00

2020 JAN 13 PH N 58

C GOLDEN FEB 1 0 2020

## **COVER LETTER**

<b>TO</b> : A	mendment Section vivision of Corporations	
SUBJEC' Name of (	T: Woodstone Property Owners Association, Inc. Corporation	
DOCUM	ENT NUMBER: N97000001191	
The enclo	sed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please ret	urn all correspondence concerning this matter	to the following:
Kevin Dav	ris	
Name of 0	Contact Person	<del></del>
Communit	y Management Specialists, Inc.	
Firm/Con	прапу	<del> </del>
71 S. Cent	ral Avenue	
Address		
Oviedo, Fl	lorida 32765	
City/State	and Zip Code	
	kevin@cmsorlando.com	
E-mail ac	ddress: (to be used for future annual report	notification)
For furthe	er information concerning this matter, please ca	ill:
Kevin Dav	vis	at (407 )3597202
	Name of Contact Person	at (407 )3597202 Area Code & Daytime Telephone Number
Enclosed	is a \$35.00 check made payable to the Departn	nent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.05 inge is submitted for a corporation orga ir to change its registered office or regis	nized under the laws of	the State of			
). The name of	the corporation. Woodstone Property Ow	ners Association, Inc.				
The name of the corporation: Woodstone Property Owners Association, Inc.      The principal office address: 71 South Central Avenue, Oviedo, Florida 32765						
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 03/03/1997	Document numb	per: N97000001191			
5. The name and	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered off				
	Resigned SENTRY MANAGEMENT	INC -				
	2180 WEST SR 434			~ ·		
	SUITE 5000	-	<del></del>	£17E		
	LONGWOOD, FL 32779					
6. The name and street address of the new registered (if changed):  Kevin M. Davis, Community Manage  71 South Central Avenue				ฏภท ประการ PM ชะ25		
		ox NOT acceptable		ငာ		
	Oviedo, Florida 32765	ос тел весерииле				
	ess of its registered office and the stree be identical.					
Such change was authorized by the	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of direct otified in writing of the	tors or by an officer se e change.	3		
RL	$\mathcal{O}$	Robert Meyers	PRESIDENT			
Signatu	re of an officer or director	Printed or i	yped name and title			
I further agree of my duties, ar document is bej	the appointment as registered agent a to comply with the provisions of all sta id Lam familiar with and accept the ob inglified merely to reflect a change in t is been notified in writing of this chang	itutes relative to the pro- ligation of my position he registered office add	capacity. oper and complete per as registered agent. dress, I hereby confiri	rformance Or, if this n that the		
$\mathcal{A}_{II}$	(w// I	01/09/2020				
(Sig	nature of Registered Agent		Date			
If signing on bo	chalf of an entity:					
Kevin M. Davis						
	yped or Printed Name					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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