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COVER LETTER

TO: Amendment Section Division of Corporations

Waters Edge at Port Orange Homeowner's Association, Inc

Name of Corporation

DOCUMENT NUMBER: N97000002425

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:

Karen Koch

Name of Contact Person

Karen Koch Inc

Firm/Company

P.O. Box 291282

Address

Port Orange, FL 32128

City/State and Zip Code

kar koc@msn.com

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

For further information concerning this matter, please call:

Karen Koch

,386

767-8282°

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

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

. •	provisions of sections 607.0502, 617.0502 age is submitted for a corporation organ		
in order	to change its registered office or registe	ered agent, or both, in the State of	Florida.
1. The name of the	ne corporation: Waters Edge At Po	ort Orange Homeowners	Association, Inc.
2. The principal	office address: 6156 Sabal Point C	Circle, Port Orange, FL 3	32128
3. The mailing ac	ddress (if different): P.O. Box 2912	82, Port Orange, FL 321	29
4. Date of incorp	oration/qualification: 04/30/1997	Document number: N970	00002425
5. The name and	street address of the current registered agment of State: (If resigned, enter resigned	gent and registered office on file v	
	Margie Hall		
	103C North Lake Drive		_
-	Ormond Beach, FL 32174		-
6. The name and (if changed):	street address of the new registered agen	at (if changed) and /or registered o	
	Karen Koch		TALLANDY SECRET
	6156 Sabal Point Circle		102 J
	P.O. Box NOT	acceptable	
	Port Orange, FL 32128		
The street address as changed will l	ss of its registered office and the street a be identical.	address of the business office of i	ts registered agent,
Such change was authorized by the	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so
Mass	e of an officer or director	Jeffrey Arsenault Printed or typed name and ti	Ho.
I hereby accept to I further agree to performance of to agent. Or, if this	the appointment as registered agent and comply with the provisions of all statumy duties, and I am familiar with and act document is being filed merely to reflement the corporation has been notified in	l agree to act in this capacity. Ites relative to the proper and con Eccept the obligation of my position Ict a change in the registered offi	nplete n as revistered
FZ	F2	November 11, 2014	
ı	ature of Registered Agent	Date	
If signing on beh	alf of an entity:		
Туј	ped 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 * * *