Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)205-8842

Phone Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address:

REGISTERED AGENT CHANGE LEXINGTON OAKS OF PASCO COUNTY HOMEOWNERS **ASSOCIATIO**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00



COVER LETTER

TO:	Amendment Section Division of Corporations				
OUDI	Lexington Oaks of Pasco County Homeowners Association, Inc.				
SUBJ	Name of Corporation				
DOC	N98000006983 UMENT NUMBER:				
The e	nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Jennifer Harroff				
	Name of Contact Person				
	CiraConnect				
	Firm/Company				
	P.O. Box 803555				
Address					
	Dallas, TX 75380				
City/State and Zip Code					
	RegisteredAgent@ciramail.com				
E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:				
Jennif	er Harroff 972 380-3522				
	Name of Contact Person at () Area Code & Daytime Telephone Number				
Enclo	sed is a \$35.00 check made payable to the Department of State.				
	Mailing Address: Amendment Section Division of Corporations Division of Corporations Division of Corporations Division of Corporations				
	P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle				

Tallahassee, FL 32301

CR2E045 (03/12)

A . OSOADALE Walnes Elicuse Onlina

5/11/2016 3:00:00 PM From: To: 850617638D(3/3)

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

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or registe	ized under the laws of the	State of _	Florida		
	he corporation: Lexington Oaks of Pasco C	-	_			
2. The principal	office address: 9887 FOURTH STREET N	ORTH, STE 301, SAINT P	ETERSBI	URG, FI	. 33702	
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 12/09/1998	Document number:	N980000	06983		
	I street address of the current registered ag tment of State: (If resigned, enter resigned		on file w	ith the		
	ASSOCIA GULF COAST, INC					
	9887 FOURTH STREET NORTH SUITE	301		温		
	SAINT PETERSBURG, FL 33702		が設置	IS MAY		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	C T Corporation System	App. Maring g	<u> </u>	نا ان	J	
	c/o C T Corporation System, 1200 South Pi			8 8		
	P.O. Box NOT Plantation, Florida 33324	acceptable				
The street address changed will	ess of its registered office and the street a be identical.	address of the business of	fice of it	s registe	ered agent,	
Such change wa authorized by th	is authorized by resolution duly adopted to board, or the corporation has been not	by its board of directors ified in writing of the cha	or by an inge.	officer:	so ·	
Gesad	re of an officer or director	Lisa DuBois, Vice Preside		la .		
I hereby accept I further agree to performance of agent Or if th	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and act is document is being filed merely to reflet that the corporation has been notified in	l agree to uct in this capa ites relative to the proper scept the obligation of my ict a change in the registe	city. and con position	iplete i as reg	istered 188, I	
By CT Cor	poration System	5/11/2016				
Sig	nature of Registered Agent	Date				
	half of an entity:					
	ssistant Secretary yped or Printed Name					
•						

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