

N999000000534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

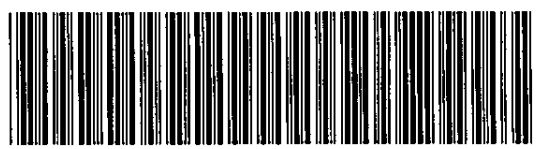
(Business Entity Name)

(Document Number)

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15 JUL 15 PM 1:51  
TALLAHASSEE, FLORIDA

*R. White*  
JUL 16 2015  
R. WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Islebrook at Meadow Woods HOA Inc  
Name of Corporation

**DOCUMENT NUMBER:** N99000000534

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:

Nancy Hills  
Name of Contact Person

Association Solutions of Central Florida Inc  
Firm/Company

811 Mabbette Street  
Address

Kissimmee, FL 34741  
City/State and Zip Code

info@myhoasolution.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Hills at ( 407 ) 847-2280  
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**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Islebrook at Meadow Woods HOA Inc

2. The principal office address: 811 Mabbette Street  
Kissimmee, FL 34741

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01/01/1999 Document number: N9900000534

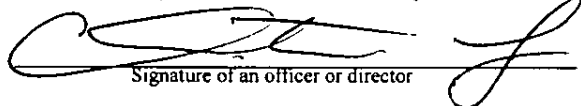
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
New Beginning Property Management Inc (Resigned)  
11424 Haymarket Court  
Orlando FL 32837

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Association Solutions of Central Florida Inc  
811 Mabbette Street  
P.O. Box NOT acceptable  
Kissimmee, FL 34741

STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA  
15 JUL 15 PM 1:51  
PM 3:09

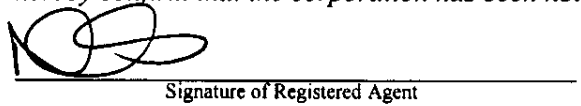
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

Christian Day  
Printed or typed name and title  
**DIRECTOR**

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.

  
Signature of Registered Agent

7/15  
Date

If signing on behalf of an entity:  
NANCY HILLS ON BEHALF OF  
ASSOCIATION SOLUTIONS OF CENTRAL FLORIDA INC.  
Typed or Printed Name

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