R See City/State		Office Use Only
CORPORATION	N NAME(S) & DOCUMENT NUM	IBER(S), (if known):
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1. <u>(Co</u>	rporation Name) (D	ocument #)
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☐ Walk in	Pick up time	Certified Copy
☐ Mail out	Will wait Photocopy	
Mail out	☐ Will wait ☐ Photocopy AMENDMENTS:	
Mail out NEW FILINGS Profit	Will wait Photocopy AMENDMENTS Amendment	Certificate of Status
Mail out NEW FILINGS Profit NonProfit	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Directory	Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Directory Change of Registered Agent	Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Directory Change of Registered Agent Dissolution/Withdrawal	Certificate of Status
Mail out NEWIFILINGS Profit NonProfit Limited Liability	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Directory Change of Registered Agent	Certificate of Status 70002347467211/14/9701064010
Mail out NEWIFILINGS Profit NonProfit Limited Liability Domestication	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Dire Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/	Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Dire Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION	Certificate of Status 7000234746711/14/9701064010 *****35.00 ******35.00
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Dire Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign	Certificate of Status
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Dire Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	Certificate of Status 70002347467
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/ Directly Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement	Certificate of Status 7000234746711/14/9701064010 *****35.00 ******35.00
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	Will wait Photocopy AMENDMENTS Amendment Resignation of R.A., Officer/ Dire Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	Certificate of Status 70000234746711/14/9701064010 *****35.00 ******35.00

Examiner's Initials



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 16, 1997

HOMEOWNER ASSOCIATION OF SKY LAKE SOUTH UNITS 6 & 7 P. O. BOX 592953 ORLANDO, FL 32859

SUBJECT: HOMEOWNERS ASSOCIATION OF SKY LAKE SOUTH UNITS SIX AND SEVEN, INC.
Ref. Number: N39058

We have received your document for HOMEOWNERS ASSOCIATION OF SKY LAKE SOUTH UNITS SIX AND SEVEN, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 487-6905.

Thelma Lewis Corporate Specialist Supervisor

Letter Number: 497A00045931

Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of Florida Statutes, submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1a. The name of the corporation is: Homeowners Association of the Sky Lake South Onto Six and Seven Time
1b. The mailing address of the corporation is: POBOX 592953 ORLANDO FC 32859-2016
1c. Date of incorporation: 109/90 Document number: N 39058
2. The name and address of the current registered agent and office: Leklen John A 17 S Magnolia Aut Orclando Fe 3280/
3. The name and address of the new registered agent and office:(P.O. Box Not Acceptable) Chris Miranda 2902 Woolndge DR ORlando Fe 32837
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. Such Change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Such Change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Such Change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Such Change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board. Such Change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
(Printed or typed name and title) Having been named as registered agent and to accept service of process for the above stated corporation. Thereby accept the appointment as registered agent and agree to act in this capacity. 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. (Signature of Registered Agent) If signing on behalf of an entity:

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(Typed or Printed Name)

(Capacity)