(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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17 JUN 21 PH 3: 97

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Glen Lake Estate
(Name of Corporation)
DOCUMENT NUMBER: N00000002076
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:
John C. Cocce Tea. (Name of Contact Person)
CORDE & Lamber PHC
8950 Fontana Del Sol Way, Suite 100
Mayden, FroRida 34109 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (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 secti statement of change is, submitted fo in order to change its reg	or a corporation organ		tate of Florida	
1. The name of the corporation:	Glen Lake Estates ⋅ Q	the Vineyards	Homeowners	<u>assa</u>
	75 Vineyards Blvd. Ste	,		
3. The mailing address (if differen	t):			
4. Date of incorporation/qualificat	ion: March 23, 2000	Document number: _^	N00000002076	
5. The name and street address of Florida Department of State:	the current registered a	gent and registered office of	n file with the	
PMP Manag	ment Inc.			
75 Vineyard	ds Blvd. Ste 3		ECRE	nhoT que
Naples, FL	34119		IN 21	I i
6. The name and street address of (if changed):	the new registered ager	nt (if changed) and /or regis	tered office 3	in D
Golde \$	Adam Cryk	, PHC	D).	
8950 Fi	Mana Bel (P.O. Box NOT acceptable)	Bo1 Way 80	uto 100	
Naples, F	34109			
The street address of its registere as changed will be identical.	ed office and the street	address of the business of	fice of its registered agent	i,
Such change was authorized by tauthorized by the board, or the co	resolution duly adopte orporation has been no	d by its board of directors stifted in writing of the cha	or by an officer so ange.	
Michelle (Signature of an officer or direct	bellay	Michelle Willax (Printed or typed	(President)	
I hereby accept the appointment I further agree to comply with th of my duties, and I am familiar a document is being filed merety to corporation has been notified in	as registered agent an e provisions of all stat with and accept the obl o reflect a change in the writing of this change	d agree to act in this capa utes relative to the proper igation of my position as r te registered office address	acity. and complete performanc registered agent. Or, if th s, I hereby confirm that th	ce is e
(Signature of Registered A	gent)	6/15/12 (Date	<u>ه</u>)	
If signing on behalf of an entity:	V			
John C. Godo A	Esq.			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314