



Electronic Filing Cover Sheet

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(((H150001120543)))



H150001120543ABCT

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To:

Division of Corporations

Fax Number : (850)617-6380

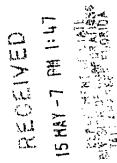
From:

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:



COR AMND/RESTATE/CORRECT OR O/D RESIGN WESMERE MAINTENANCE ASSOCIATION, INC.

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Help

5/7/2015 1:46:44 PM From: To: 8506176380(2/3)

COVER LETTER

TO:	Amendment Section Division of Corporations		
orth r	WESMERE MAINTENANCE ASSOCIATION, INC.		
SUBJ	Name of Corporation		
	N37644		
DOC	JMENT NUMBER:		
The co	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Jennifer Lasater		
	Name of Contact Person		
	CiraConnect		
	Fitm/Company		
	P.O. Box 803555		
	Address		
	Dallas TX, 75380		
City/State and Zip Code			
	RegisteredAgent@eiramail.com		
	E-mail address: (to be used for future annual report notification)		
For fi	rther information concerning this matter, please call:		
Jennii	er Lasater 972 380-3522		
——	Name of Contact Person Area Code & Daytime Telephone Number		
Enclo	sed is a \$35.00 check made payable to the Department of State.		
	Mailing Address: Street Address: Amendment Section Amendment Section		
	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)

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

The same	of the corporation: WESMERE MAI	NTENANCE ASSOCIATION, INC.
		RIA BLVD
	DO, FL 32809	
. The mailir	ng address (if different):	
. Date of in	corporation/qualification: 04/13/1990	Document number: N37644
	and street address of the current regi epartment of State: (If resigned, enter	istered agent and registered office on file with the resigned)
	LELAND MANAGEMENT	
	6972 LAKE GLORIA BLVD	
	ORLANDO, FL 32809	
5. The name (if change	_	ered agent (if changed) and /or registered office
	C T Corporation System	
	c/o C T Corporation System, 1200	South Pine Island Road
		Box NOT acceptable
	Plantation, Florida 33324	
The street acas changed	ddress of its registered office and the will be identical.	e street address of the business office of its registered agent,
Such change authorized t	e was authorized by resolution duly by the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
لتنتسر	7 3/	Michael Jones, Vice President
I hereby acc I further ag performanc agent. Or,	centure of the appointment as registered a cree to comply with the provisions of the of my duties, and I am familiar wi if this document is being filed merel firm that the corporation has been n	Printed or typed name and litte agent and agree to act in this capacity. fall statutes relative to the proper and complete ith and accept the obligation of my position as registered ly to reflect a change in the registered office address, I totified in writing of this change.
nereuy cunj	Corporation System	5/7/2015
آ		
By: CT	Signature of Registered Agent	Date
By:	Signature of Registered Agent on behalf of an entity:	Date

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)