

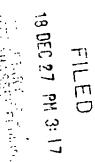
(Requestor's Name)		
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(Business Entity Name)	12/27/18	0102701
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations SANDERSON BAY PLAZA OWNERS ASSOCIATES, INC. SUBJECT: Name of Corporation N10000000241 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: SANDRA WINDSOR Name of Contact Person WALTER S SANDERS & ASSOCIATES PA Firm/Company 16528 N DALE MABRY HWY Address TAMPA, FLORIDA 33618 City/State and Zip Code SANDI@WALTERSANDERS.COM / E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SANDRA WINDSOR Name of Contact Person 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

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: SANDERSON BAY PLAZA OWNERS ASSOCIATION, II	۸C
2. The principal office address: 1940 N PROSPECT AVE	
LECANTO, FL 34461	
3. The mailing address (if different): 1940 N PROSPECT AVE	
LECANTO, FL 34461	
4. Date of incorporation/qualification: 01/11/2010 Document number: P1000000241	
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)	
JAMES T.SANDERS	
1940 N PROSPECT AVE	
LECANTO, FL 34461	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
WALTER S. SANDERS	
WALTER S. SANDERS 16528 N DALE MABRY HWY	
TAMPA, FL 33618	
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.	
DACELIN ST. MARTIN, M.D. Printed or typed name and title	
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 11/13/2018 Date	
If signing on behalf of an entity:	
Typed or Printed Name	
* * * FILING FEE: \$35.00 * * *	