Current Prin	2: 11 ON THORNTON HOMEOWNERS ASSO Incipal Place of Business: LOW POINTE SPRINGS, FL 32714	CIATION, INC	9054457353CC
Current Mai	ling Address:		
	IOLLOW POINTE E SPRINGS, FL 32714 US		
FEI Number: 83-1664816		Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:		
SPECIALTY M 1000 PINE HOI ALTAMONTE S			
The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of Florida.
	d entity submits this statement for the purpose of changing its regis E: BRETT M JORDAN	stered office or regis	tered agent, or both, in the State of Florida. 03/12/2020
		stered office or regis	
	EIECTONIC Signature of Registered Agent	stered office or regis	03/12/2020
SIGNATURE	EIECTONIC Signature of Registered Agent	stered office or regis	03/12/2020
SIGNATURE Officer/Dire	EIEctronic Signature of Registered Agent		03/12/2020 Date
SIGNATURE Officer/Dire	EIECTTONIC Signature of Registered Agent Ctor Detail : P	Title	03/12/2020 Date
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : P VIGH, MICHAEL 1000 PINE HOLLOW POINTE	Title Name	03/12/2020 Date VP KATUKURI, NEELIMA 1000 PINE HOLLOW POINTE
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : P VIGH, MICHAEL 1000 PINE HOLLOW POINTE	Title Name Address	03/12/2020 Date VP KATUKURI, NEELIMA 1000 PINE HOLLOW POINTE
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	EIECTONIC Signature of Registered Agent Ctor Detail : P VIGH, MICHAEL 1000 PINE HOLLOW POINTE ALTAMONTE SPRINGS FL 32714	Title Name Address	03/12/2020 Date VP KATUKURI, NEELIMA 1000 PINE HOLLOW POINTE
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	EIECTT M JORDAN Electronic Signature of Registered Agent Ctor Detail : P VIGH, MICHAEL 1000 PINE HOLLOW POINTE ALTAMONTE SPRINGS FL 32714 ST	Title Name Address	03/12/2020 Date VP KATUKURI, NEELIMA 1000 PINE HOLLOW POINTE

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL VIGH

03/12/2020

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N1700008021

Entity No

FILED Mar 12, 2020 Secretary of State

Date

PRESIDENT