•			CC	8725417413
Current Ma	iling Address:			
P O BOX 60 ORLANDO,	8011 FL 32860-8011 US			
FEI Number: 59-3075101			Certificate of Statu	s Desired: No
Name and A	Address of Current Registered Agent:			
1201 HAYES S	N SERVICE COMPANY TREET E, FL 32301 US			
The above name	d entity submits this statement for the purpose of changing its reg	istered office or regis	tered agent, or both, in the Sta	ate of Florida.
	d entity submits this statement for the purpose of changing its regined as a second statement for the purpose of the statement of the second statement of the s	istered office or regis	tered agent, or both, in the Sta	ate of Florida. 04/18/2017
		istered office or regis	tered agent, or both, in the Sta	
SIGNATURI	E: DEB REEVES	istered office or regis	tered agent, or both, in the Sta	04/18/2017
SIGNATURI	E: DEB REEVES Electronic Signature of Registered Agent	istered office or regis	tered agent, or both, in the Sta	04/18/2017
SIGNATURI Officer/Dire	E: DEB REEVES Electronic Signature of Registered Agent			04/18/2017
SIGNATURI Officer/Dire	E: DEB REEVES Electronic Signature of Registered Agent ctor Detail :	Title	D	04/18/2017
SIGNATURI Officer/Dire Title Name	E: DEB REEVES Electronic Signature of Registered Agent Ctor Detail : D FIDEL, MARK 8250 SHAY LYNN CT.	Title Name	D BARRETT, DAVID 4218 RUNDLE ROAD	04/18/2017
SIGNATURI Officer/Dire Title Name Address	E: DEB REEVES Electronic Signature of Registered Agent Ctor Detail : D FIDEL, MARK 8250 SHAY LYNN CT.	Title Name Address	D BARRETT, DAVID 4218 RUNDLE ROAD	04/18/2017
SIGNATURI Officer/Dire Title Name Address City-State-Zip:	E: DEB REEVES Electronic Signature of Registered Agent Ctor Detail : D FIDEL, MARK 8250 SHAY LYNN CT. ORLANDO FL 32810	Title Name Address	D BARRETT, DAVID 4218 RUNDLE ROAD	04/18/2017
SIGNATURI Officer/Dire Title Name Address City-State-Zip: Title	EIECTONIC Signature of Registered Agent Ctor Detail : D FIDEL, MARK 8250 SHAY LYNN CT. ORLANDO FL 32810 D	Title Name Address	D BARRETT, DAVID 4218 RUNDLE ROAD	04/18/2017

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: MARK FIDEL

SECRETARY

04/18/2017

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N43512

## Entity Name: LAKE GANDY SHORES HOMEOWNERS ASSOCIATION, INC.

FILED Apr 18, 2017 Secretary of State CC8725417413

Date