727396

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SECRETARY OF STATE

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/ COVER LETTER /

TO: Amendment Section . Division of Corporations

SUBJECT: SLEEPY HOLLOW FIRST ADDITION HO	OME OW	NERS' ASS	OCIATION, INC.		
Name of Corporation					
DOCUMENT NUMBER: 727396					
The enclosed Statement of Change of Registered Offi	ice/Agent	t and fee ar	e submitted for filing.		
Please return all correspondence concerning this matter	er to the	following:			
Helena G. Malchow					
Name of Contact Person					
Law Offices of John L. Di Masi					
Firm/Company					
801 N. Orange Avenue, Suite 500					
Address					
Orlando, FL 32801					
City/State and Zip Code					
management@orlando-law.com					
E-mail address: (to be used for future annual repo	ort notifi	cation)	· · · · · · · · · · · · · · · · · · ·		
For further information concerning this matter, please	eall:			202	
Helena G. Malchow	at (⁴	07	839 -3383, Ext. 226 \square	2023 JALE27 PM 4: 1	*1:
Name of Contact Person	at C_	Area Code	839-3383, Ext. 226 200 & Daytime Telephone	vumber	
			<u> </u>	7	1
Enclosed is a \$35.00 check made payable to the Depart	riment of	State.		<u> </u>	
			17.		Annual Line
Mailing Address: Amendment Section		Address: Iment Sect	tion	: 19	
Division of Corporations	Division of Corporations				
P.O. Box 6327	The Centre of Tallahassee				
Tallahassee, FL 32314		l Monroe assee, FL	Street, Suite 810 32303		

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: SLEEPY HOLLOW FIRST ADDITION HOME OWNERS' ASSOCIATION, INC
	office address: 2 HUDSON COVE LONGWOOD, FL 32750
3. The mailing a	address (if different):
	poration/qualification: 1/06/2020 Document number: 727396
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Wean & Malchow P.A.
	225 E.Robinson St. Suite 600 Orlando, FL 32801
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office of Law Offices of John L. Di Masi, P.A.
	801 N. Orange Avenue, Suite 500
	P.O. Box NOT acceptable
	Orlando, FL 32801
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Jate 14 a Signatur	Baumhofek Patricia Baumhofer Treasure
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Jelex	Q) UCLA nature of Registered Agent Date
	half of an entity:
Helena G. Malch	·
	yped or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)