

729140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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STATE TARIFF OF FLORIDA
DIVISION OF CORPORATIONS
2018 AUG 13 AM 11:36

AUG 16 2019

COVER LETTER

2010 AUG 13 AM 11:35

TO: Amendment Section
Division of Corporations

SUBJECT: cypress woods, inc.

Name of Corporation

DOCUMENT NUMBER: 729140

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:

RAY FIKE

Name of Contact Person

CYPRESS WOODS, INC.

Firm/Company

4800 CYPRESS WOODS DR

Address

ORLANDO, FL 32811

City/State and Zip Code

RFIKE@KWPMC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAY FIKE

407 849 0881

at ()

Name of Contact Person

Area Code & Daytime Telephone Number

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
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: CYPRESS WOODS, INC
2. The principal office address: 4800 cypress woods drive Orlando, FL 32811
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: 729140
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)

RAYMOND FIKE
4800 CYPRESS WOODS DR
ORLANDO, FL 32811

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PEYTON BURLIN, PC
3343 W. COMMERCIAL BLVD. SUITE 100
P.O. Box, NOT acceptable
FORT LAUDERDALE, FL 33309

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 AUG 13 AM 11:36

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.

Ruben H. Trifilio
Signature of an officer or director

RUBEN TRIFILIO
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]
Signature of Registered Agent

8/31/10
Date

If signing on behalf of an entity:

Typed 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 (03/12)