## 729140

(Re	questor's Name)	
(Ad	dress)	<del></del>
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	ì



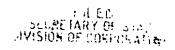
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AUG 1 6 2019



## **COVER LETTER**

2018 AUG 13 AM 11: 35

TO: Amendment Section Division of Corporations		
SUBJECT: Cypress woods, inc.		
Name of Corpo	oration	
DOCUMENT NUMBER: 729140		
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.	
Please return all correspondence concerning this matter to	the following:	
RAY FIKE		
Name of Contact	rt Person	
CYPRESS WOODS	S. INC.	
Firm/Comps		
4800 CYPRESS WC	OODS DR	
Address		_
ORLANDO, FL 328 City/State and Z	37.1	9
·•		
RFIKE@KWPMC.CO	the contract of the contract o	
E-mail address: (to be used for futur	re annual report notification)	
For further information concerning this matter, please call:	strong the second second second second	
RAY FIKE	407 849 0881	
Name of Contact Person	at () Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Departmen	nt of State.	:
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

## 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:
<ol> <li>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)</li> </ol>
RAYMOND FIKE
4800 CYPRESS WOODS DR
ORLANDO, FL 32811
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):  PHTON BULIN PL  3343 h. (MMRLIN BLVD. SUFE 100)  P.O. Box, NOT acceptable
FORM NOTION E, FL 33309
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.  RUBENTRIFILIO  Signature of an officer or director  Printed or typed name and talk
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.
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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