746719

(Requestor's Name)
(Address)
(Address)
(100)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

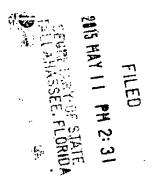
Office Use Only



600272681966

RA address change

05/11/15--01007--020 **35.00



15/15/15

COVER LETTER

TO: Amendment Section **Division of Corporations**

NORMANDY C ASSOCIATION, INC.

59-1892549

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:

TAMMY WILSON

Name of Contact Person

WILSON LANDSCAPING & MANAGEMENT CORP.

Firm/Company

1300 NW 17TH AVE. SUITE 270

Address

DELRAY BEACH, FL 33445

City/State and Zip Code

TAMMY@WILSONMANAGEMENT.NET

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

For further information concerning this matter, please call:

TAMMY WILSON

Name of Contact Person

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

statement of cha	orovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA
	r to change its registered office or registered agent, or both, in the State of Florida. he corporation: NORMANDY C ASSOCIATION, INC.
2. The principal	office address: 1300 NW 17TH AVE. SUITE 270 BEACH, FL 33445
	ddress (if different): SAME - MOVING 4/27/15 TO ADDRESS ABOVE
4. Date of incorp	poration/qualification: 4/11/79 Document number: 746719
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	DANNY L WILSON
	DANNY L WILSON 4723 W ATLANTIC AVE A-19
	DELRAY BEACH, FL 33445
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
	DANNY L. WILSON
	1300 NW 17TH AVE. SUITE 270
	P.O. Box NOT acceptable DELRAY BEACH, FL 33445
The street addre	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 be board, or the corporation has been notified in writing of the change.
Havi	eet Poretsy Harris Torbtoky V. Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	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 my duties, and fam familiar with and accept the obligation of my position as registered is document is feing filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
<u> </u>	Date 4-24-15 Date
If signing on be	half of an entity:
DANNY L. Y	WILSON uped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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