749312

| (Re | questor's Name) | |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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T. LEMIEUX DEC 2 2 2021

COVER LETTER

TO:

Amendment Section

Division of Corporations SUBJECT: Wildewood Springs II-B Condominium Association, Inc. Name of Corporation DOCUMENT NUMBER: 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: Brett Sarason Name of Contact Person Najmy Thompson PL Firm/Company 1401 8th Avenue West Address Bradenton, FL 34205 City/State and Zip Code bsarason@najmythompson.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Brett Sarason Area Code & Daytime Telephone Number 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 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 St inge is submitted for a corporation organized under the laws of the State of Fl | lorida | - |
|--|--|-------------------------|----------------|
| in orde | r to change its registered office or registered agent, or both, in the State of ${\it Fl}$ | orida. | |
| 1. The name of t | the corporation: Wildewood Springs II-B Condominium Association, Inc. | <u></u> | _ |
| 2. The principal | office address: c/o Lighthouse Property Managment | | _ |
| | | | _ |
| 3. The mailing a | ddress (if different): 4134 Gulf of Mexico Drive, Suite 203 Longboat Key, FL 34 | 1228 | |
| 4. Date of incorp | poration/qualification: 10/15/1979 Document number: 749312 | | |
| 5. The name and Florida Depar | d street address of the current registered agent and registered office on file with trment of State: (If resigned, enter resigned) | h the | |
| | Brett Sarason | | |
| • | Wilson, Elser, Moskowitz, Edelman & Dicker, LLP | | |
| | 2063 Main Street, Suite 100, Sarasota, FL 34237 | .: 2 | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office | . — ce, DEC | |
| • | Brett Sarason | œ | L. |
| | Najmy Thompson PL | · - | |
| | P.O. Box NOT acceptable | 90 08 31 53 80 16 | |
| | 1401 8th Avenue West, Bradenton, FL 34205 | 08 57 | |
| The street address changed will | ess of its registered office and the street address of the business office of its be identical. | registered agen | t, |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change. | officer so | |
| Signatu | re of an officer or director Printed or typed name and tiffe | c | - |
| l further agree i of my duties, an document is hei | 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 comply defends and accept the obligation of my position as registered ny filed merely to reflect a change in the registered office address, I hereby the provided in writing of this change. | | ce us ie |
| Sig | nature of Registered Agent Date | | |
| If signing on be | half of an entity: | | |
| Brett Sarason | • | | |
| T | 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)