## 752860

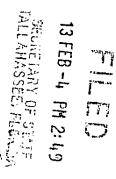
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP . WAIT MAIL                     |
| (Business Entity Name)                  |
| (Document Number)           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



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## **COVER LETTER**

| TO: Amendment Section Division of Corporations   |
|--|
| SUBJECT: De ray Villas Plat No. 3 Homeowners Assiria from I  |
| Name of Corporation  |
| DOCUMENT NUMBER: 752860  |
| 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:                          |
| Jack S Parker  Name of Contact Person  |
| De ray Villes Plat No. 3 Home owners' Association, 3   |
| 5841 Connie Boulevard  |
| De ray Beach II. City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)                                 |
|  |
| For further information concerning this matter, please call:                                       |
| Name of Contact Person  Area Code & Daytime Telephone Number  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 Floride  |
| in order to change its registered office or registered agent, or both, in the State of Florida.  |
| 1. The name of the corporation: De Vay VIIlas Plat 3 Homeowners Associate  |
| 2. The principal office address: 5841 Connie Bourd De Yay Black, FL 33484  |
| 3. The mailing address (if different):   |
|  |
| 4. Date of incorporation/qualification: 11/18/85 Document number: 752860   |
| 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)   |
| 5 teven of Braten Es   |
| 551 SE 8th Street 4th Toor   |
| Delvar Beach, FL 33483   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office  |
| (if changed):  Jack 5 Parker   |
| 5781 Wanda Lane  |
| Le ray Beach +2 33484  |
| 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.  |
| Signature of an officer or director  Signature of an officer or director  Signature of an officer or director  Tack S. Par Kec President  Printed or typed name and title  |
| Thereby 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, thereby confirm that the corporation has been notified in writing of this change. |
| x 1-23-2017 = = = = = = = = = = = = = = = = = = =  |
| Signature of Registered Agent  If signing on behalf of an entity:  |
| X JACK S. PARKER Typed or Printed Name  5  |
| · · · · · ·  |

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

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