| (Re | questor's Name) | | | |
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| (Ad | idress) | | | |
| (Ad | idress) | . <u> </u> | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Dc | cument Number) | | | |
| Certified Copies | _ Certificates | s 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

VALENCIA SHORES HOMEOWNERS ASSOCIATION, INC.

SUBJECT: ______ Name of Corporation

DOCUMENT NUMBER: 753884

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:

PAUL HOFFMAN

Name of Contact Person

VALENCIA SHORES HOMEOWNERS ASSOCIATION. INC.

Firm/Company

704 TANGERINE COURT

Address

WINTER GARDEN, FL 34787

City/State and Zip Code

paulhoffman28@gmail.com

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

For further information concerning this matter, please call: PAUL HOFFMAN at (<u>321)</u> 663-7584 Name of Contact Person at (<u>321)</u> Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State.

> <u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

<u>Street Address:</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2F045 (04/13)

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 Florida statement of change is submitted for a corporation organized under the laws of the State of _ in order to change its registered office or registered agent, or both, in the State of Florida.

| L. The name of the corporation:VA | VALENCIA SHORES HOMEOWNERS ASSOCIATION. INC. | | | |
|---|--|--------------------|--------|--|
| • | D. BOX 770821 | | | |
| Ŵ | INTER GARDEN FL | _ 34777-0821 | | |
| 3. The mailing address (if different): | P.O. BOX 770821 | | | |
| 4. Date of incorporation/qualification: | 08/26/1980 | _ Document number: | 753884 | |

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)

| MASHBURN, ERIC | |
|-------------------------|--|
| 102 E. MAPLE STREET | |
| WINTER GARDEN, FL 34787 | |

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

| ged): | | ~) ~) | : `` |
|-------|---|------------|---------|
| | MARTIN HOULE | <u>*</u> | |
| | 223 VALENCIA SHORES DRIVE | ر. د. | |
| | WINTER GARDEN, FL 34787 P.O. Box NOT acceptable | | |
| | | . • | |

The street address of its registered office and the street address of the business office of its registered agent $\frac{1}{2}$ 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 4th er or director

Paul Hoffman, Secretary Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I jurther agree to comply with the previsions 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 marching or effect a change in the registered office address. Thereby confirm that the corporation has been forfied in writing of this change.

Signature of Reg

August 9, 2020

Date

If signing on behalf of an entity:

Martin Houle, President

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, TALLAHASSEF, FL 32314 CR2E045 (04/13)