

757180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

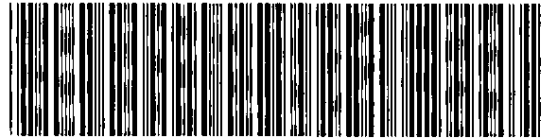
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600295401706

02/21/17--01011--008 \*\*35.00

FILED  
2011 FEB 21 PM 12:04  
CLERK OF STATE  
OF MASSACHUSETTS

2/22/17

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lake Villas Land R Homeowners Assoc., Inc  
2. The principal office address: 4 Lake Villa Way  
Kissimmee, FL 34743  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: May 6, 1981 Document number: 757180

5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)

Property Solutions (Resigned)  
22 Orlando Ave  
Kissimmee, FL

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

Barbara Cady - New agent Registered Office -  
2920 Winding Trail 4 Lake Villa Way  
Kissimmee, FL 34746 Kissimmee, FL 34743  
P.O. Box NOT acceptable

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.

Mary Z. Wilson Mary Wilson, President  
Signature of an officer or director Printed or typed name and title

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.

Barbara Cady  
Signature of Registered Agent

2/15/2017  
Date

If signing on behalf of an entity:

Barbara Cady #CAM47911  
Typed: 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..

CR12045 (03/12)