## 763705

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	<del>&gt;</del> #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
:				

Office Use Only



100276430051

09/08/15--01017--025 \*\*35.00

15 SEP -8 PH 2:

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SEP 11 2015 Y CANNON

## COVER LETTER

TO: Amendment Section Division of Corporations

Valley View Villas Homeowners Association, Inc.

Name of Corporation

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:

Betsy Barbieux, CAM

Name of Contact Person

Florida CAM Schools, LLC

2501 West Main Street #108

Leesburg, FL 34748

City/State and Zip Code

manager@FloridaCAMSchools.com

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

For further information concerning this matter, please call:

Betsy Barbieux

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	provisions of sections 607.0502, 617.050. nge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of the State of Flori	ida	is
1. The name of t	he corporation: Valley View Villas	Homeowners Association,	Inc.	
2. The principal	office address: 2501 West Main S	Street #108, Leesburg, FL 34	4748	}
<del>-</del>				
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 06/16/1982	Document number: 763705		
	street address of the current registered at tment of State: (If resigned, enter resigne	-	ıc	
	Joe E. Hill			
	1260 Spring Lake Drive			₹.,
	Fruitland Park, FL 34748		5 SEP	ALL ALL
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic		Hd 8-	FILED FARY OF
	Betsy Barbieux		2: 2	MS.
	2501 West Main Street #108	3	35	ADA ADA
P.O. Box NOT acceptable Leesburg, FL 34748				
			•	•
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its reg	ustere	d agent,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or by an officified in writing of the change.	er so	
Joe E. Hill				
I hereby accept I further agree	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in	ites relative to the proper and complete	e registe 'dress,	ered I
	nature of Registered Agent	September 8, 2015		<del></del>
	half of an entity:	Duiv		
Betsy Barb				
	med 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 \* \* \*