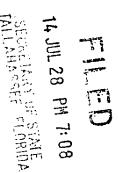
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| (Requestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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|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



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Harry W. Carls, Esq. Attorney at Law

Phone: (407) 875-0955 Fax: (407) 999-2209

hcarls@bplegal.com

111 N. Orange Avenue Suite 1400 Orlando, Florida 32801

July 24, 2014

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Western Shores 2nd Addition Association, Inc.

Document #: 765641

Dear Sir or Madam:

Enclosed please find the completed Statement of Change of Registered Office/Agent form along with my client's check numbered 1310 in the amount of \$35.00 made payable to the Florida Department of State to cover the cost of filing. If you would be so kind as to process this request as soon as possible, we would greatly appreciate it.

Thank you in advance for your attention to this matter. Please feel free to contact my office with any questions or concerns.

Very truly yours

Harry W. Carls

HWC1/KS

Enclosure

Western Shores 2nd Addition Association, Inc.

ACTIVE: W23081/356008:6008775_1

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change | visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Flow is submitted for a corporation organized under the laws of the Stat change its registered office or registered agent, or both, in the State | e of Florida | |
|---|---|---|--|
| 1. The name of the c | corporation: Western Shores Second Addition Assoc | iation, Inc. | |
| | ice address: 34327 Island Drive | | |
| 3. The mailing addre | ess (if different): P.O. Box 895614 FL 34789 | | |
| 4. Date of incorporation/qualification: 11/2/1982 Document number: 765641 | | | |
| 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) | | | |
| Ev | velyn J. Nevins | | |
| 34 | 4327 Island Drive | <u> </u> | |
| Le | eesburg, FL 34788 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | |
| Be | ecker & Poliakoff, P.A. | | |
| 111 N. Orange Avenue, Suite 1400 | | | |
| <u>Or</u> | P.O. Box NOT acceptable | | |
| The street address of its registered office and the street address of the business office of its register 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. | | | |
| (Land | T. Levault DAVID HENAULT Printed or typed name | PRESIDENT | |
| I hereby accept the I further agree to co performance of my agent. Or, if this do hereby confirm that | appointment as registered agent and agree to act in this capacity omply with the provisions of all statutes relative to the proper and duties, and I am familiar with and accept the obligation of my pocument is being filed merely to reflect a change in the registered the corporation has been notified in writing of this change. | l complete sition as registered office address, I | |
| Savey | Col Registered Agent Plate | 4 | |
| If signing on behalf | f of an entity: | | |
| Harry W | 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