## 

(Requ	estor's Name)	<del>-</del>		
(Addre	ess)			
(Addre	ess)			
(City/S	State/Zip/Phor	ne #)		
PICK-UP	MAIT	MAIL		
(Busir	ness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only



900305425769

11/13/17--01007--018 \*\*35.00

ZOLT MOV 13 PH 1:57

SECREDACY A STATE OF THE STATE OF TH

RAIRO Ch8

NOV 1 4 2017

I ALBRITTON

## **COVER LETTER**

TO:		nent Section n of Corporations			
SUBJ	ECT:	Stoneybrook West Master Association, I			
		·			
DOC	UMENT 1	NUMBER: N0000000072			
The e	nclosed St	atement of Change of Registered Office/Ag	gent and fee are submitted for filing.		
Please	return all	correspondence concerning this matter to	the following:		
			•		
		Neil A. Saydah, Esquire			
		Name of Contact	Person		
		Caudah Laur Fian			
		Saydah Law Firm Firm/Compa	inv		
		•	•		
		2572 West S.R. 426, Suite 3024			
		Address			
		Oviedo, Florida 32765			
		City/State and Z	p Code		
	nas@saydahlawfirm.com  E-mail address: (to be used for future annual report notification)				
For fu	irther info	rmation concerning this matter, please call:			
N	eil A. Say	ydah. Esquirea	( 407 ) 956-1080 Area Code & Daytime Telephone Number		
	]	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclo	sed is a \$3	35.00 check made payable to the Departmen	nt of State.		
		Mailing Address:	Street Address:		
		Amendment Section Division of Corporations	Amendment Section Division of Corporations		
		P.O. Box 6327	Clifton Building		
		Tallahassee, FL 32314	2661 Executive Center Circle		
			Tallahaccee FI 32301		

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.	-
1. The name of the	he corporation: Stoneybrook West Master Association, Inc.	
2. The principal of	office address: 1201 Black Lake Blvd., Winter Garden, FL 34787	
3. The mailing ac	ddress (if different):	
4. Date of incorp	poration/qualification: 12/27/1999 Document number: N0000000072	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Anderson, Elizabeth	
	201 S. Orange Avenue, Suite 900	
	Orlando, FL 32801	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office.	
	Saydah Law Firm  2572 West S.R. 426, Suite 3024  P.O. Box NOT acceptable	LED
The street address as changed will	So of its registered office and the street address of the business office of its registered ages be identical.	nt,
hobe	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.  Robert Kasch, President	_
I hereby accept if I further agree to performance of agent. Or, if this hereby confirm t	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	_
If signing on bel		
Ní: C.	SAYAL PRES ped or Priored Name	

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