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## COVER LETTER

TO:	Amendment Section Division of Corporations		, ,	
SUBJ Name	ECT: Wyndham Palms Master Community As of Corporation	ssociation. Inc		-
DOCI	JMENT NUMBER: N00000002066	<u></u>		_
The er	iclosed Statement of Change of Registered	Office/Agent and f	ee are submitted for	filing.
Please	return all correspondence concerning this	matter to the follow	ving:	
Patrick	: Burton, Esq.			
Name	of Contact Person			
Di Ma	si   Burton, P.A.			
Firm/C	Company			
801 N.	Orange Avenue, Suite 500			
Addre:	88			
Orland	o. FL 32801			
City/S	tate and Zip Code	<del></del>		
	management(a orlando-law.co	ווו		
E-mai	Laddress: (to be used for future annual		n)	_
		•	•	
For fu	rther information concerning this matter, p	lease call:		~
Patrick	: Burton, Esq.	at ( 407	, 839-3383	1023
···-··	Name of Contact Person	Area C	) 839-3383 Tode & Daytime Tele	phone Number
Enclos	sed is a \$35.00 check made payable to the I	Department of State	·.	1 −5 PH 2:
	Mailing Address:	Street Addre		San Contraction of the
	Amendment Section	Amendment		<u> </u>
	Division of Corporations		Corporations	III
	P.O. Box 6327	The Centre	of Tallahassee	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

CR2L045 (04/13)

Tallahassee, FL 32314

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation; Wyndham Palms Master Community Association, Inc
	office address: 2300 Wyndham Palms Way
3. The mailing a	address (if different):
4. Date of incor	rporation/qualification: 03/29/2000 Document number: N00000002066
5. The name and	ad street address of the current registered agent and registered office on file with the urtment of State: (If resigned, enter resigned)
	First Service Residential, Inc.
	1855 Griffin Road, Suite A-330
	Dania Beach, FL 33004
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  Di Masi   Burton, P.A.
	801 N. Orange Avenue, Suite 500
	P.O. Box NOT acceptable
	Orlando, Florida 32801
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an office so, the board of the corporation has been notified in writing of the change.
Signatur	re of sq. afficer or director Printed or typed name and filled
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
- An	9.4 - 6/76/73
Sign	nature of Registered Agent Date
If signing on bel	·
Patric	Burton  Oped or Printed Name:
Ту	rped 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 CR2E045 (04/13)