

N00000004933

Florida Department of State
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From: Account Name : SHUMAKER, LOOP & KENDRICK LLP
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REGISTERED AGENT CHANGE WILLOWBROOK COMMUNITY ASSOCIATION, INC.

Certificate of Status	0
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J. HORNE
SEP - 6 2023

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

1. The name of the corporation: Willowbrook Community Association, Inc.
2. The principal office address: c/o Access Management
2970 University Parkway, Suite 101, Sarasota, Florida 34243
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 27, 2000 Document number: N00000004933
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)

Law Offices of Wells Olah Cochran, P.A.

3277 Fruitville Road, Building B

Sarasota, FL 34237

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

Jonathan J. Ellis, Esq., c/o Shumaker, Loop & Kendrick, LLP

101 E Kennedy Blvd, Suite 2800

P.O. Box NOT acceptable

Tampa, FL 33602

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

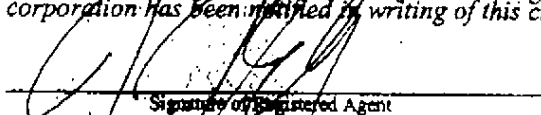
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board; or the corporation has been notified in writing of the change.


Signature of an officer or director

John Hawke, President

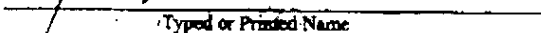
Printed or typed name and title

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.


Signature of Registered Agent

8/5/23
Date

If signing on behalf of an entity:


Typed 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

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