N0000006153

(Re	equestor's Name)	
(Ac	ldress)	
(A.	ldress)	
. (Ac	idiess)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Na	me)
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
		ļ
	Office Use Or	niv



900287512059

07/06/16--01014--016 **35.00



JUL 1 3 2016 C MCNAIR

COVER LETTER

10;	Amendment Section Division of Corporations
etip m	WATERFORD CHASE EAST HOMEOWNERS ASSOCIATION, INC.
SUBJI	Name of Corporation
DOCU	MENT NUMBER: N00000006153
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Drew Pommet
	Name of Contact Person
	Nexus Community Management, LLC
	Firm/Company
	1809 E. Broadway, Suite 408
	Address
	Oviedo, FL 32765
	City/State and Zip Code
	drew@nexuscommunitymanagement.com
	E-mail address: (to be used for future annual report notification)
For fur	her information concerning this matter, please call:
•	Drew Pommet 321 315 0501
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	d is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Florida ice or registered agent, or both, in the State of Florida.
	"	ORD CHASE EAST HOMEOWNERS ASSOCIATION, INC
		2680 Willow Drop Way Oviedo, FL 32766
3. The mailing a	ddress (if different);	1809 E. Broadway, Suite 408 Oviedo, FL 32675
4. Date of incorp	poration/qualification: 09/1	5/2000 Document number: N00000006153
	street address of the current tment of State: (If resigned, o	registered agent and registered office on file with the enter resigned)
•		MANAGEMENT PROFESSIONALS, INC.
	4700 MILLENIA BL\	VD; SUITE 515
	ORLANDO, FL 3283	39
6. The name and (if changed):	street address of the new re	gistered agent (if changed) and /or registered office
	NEXUS COMMU	JNITY MANAGEMENT, LLC DROP WAY
	2680 WILLOW [
	OVIEDO, FL 32	P.O. Box NOT acceptable 766
-		nd the street address of the business office of its registered agent, duly adopted by its board of directors or by an officer so has been notified in writing of the change.
	re of an officer or different	William Reuter, President Printed or typed name and title
		red agent and agree to act in this capacity ns of all statutes relative to the proper and complete or with and accept the obligation of my position as registered herely to reflect a change in the registered office address, I en notified in writing of this change.
Sig	nature of Registered Agent	06 Jun 16 Date
If signing on be	half of an entity:	
Drew Pom	net yped or Printed Name	

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