

NO1 000000 2816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

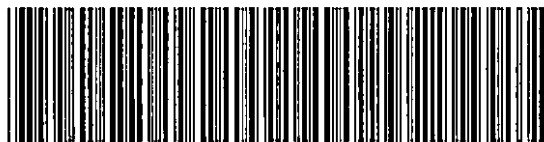
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: ISLAND WALK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: NO1000002816

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Soto

Name of Contact Person
The Soto Law Office, P.A.

Firm/Company
415 Montgomery Rd., Suite 111

Address
Altamonte Springs, FL 32714

City/State and Zip Code
ksoto@thesotolawoffice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly Soto at (321) 972-2279
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 JUL 15 AM 11:00

**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: ISLAND WALK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: 2045 ISLAND WALK DRIVE, ORLANDO, FL 32824
THIS IS A MAILING ADDRESS ONLY

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/19/2001 Document number: N01000002816

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)
Turner, Robert DP/T
2045 ISLAND WALK DRIVE
ORLANDO, FL 32824

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Kimberly Soto c/o The Soto Law Office, P.A.
415 Montgomery Rd., Suite 111
Altamonte Springs, FL 32714
P.O. Box NOT acceptable

2022 JUL 15 AM 11:00

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]
Signature of an officer or director

ROBERT TURNER 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]
Signature of Registered Agent

7/8/2022
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
CR2E045 (04/13)