

1101000003984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Reflection Lakes Two Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N01000003984

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:

Wendy Murray

Name of Contact Person

Associa Gulf Coast

Firm/Company

13461 Parker Commons Blvd #101

Address

Fort Myers, FL 33912

City/State and Zip Code

dracine@associagulfcoast.com

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

For further information concerning this matter, please call:

Dianne Racine

Name of Contact Person

at **(239) 277-0718**

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Reflection Lakes Two Condominium Association, Inc.
2. The principal office address: c/o Associa Gulf Coast, 13461 Parker Commons Blvd #101 Fort Myers, FL 33912
3. The mailing address (if different): c/o Associa Gulf Coast, 13461 Parker Commons Blvd #101 , Fort Myers, FL 33912
4. Date of incorporation/qualification: 06/04/2001 Document number: N01000003984
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)

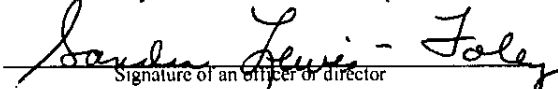
Associa Gulf Coast
12650 Whitehall Drive
Fort Myers, FL 33907

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

Associa Gulf Coast
13461 Parker Commons Blvd #101
P.O. Box NOT acceptable
Fort Myers, FL 33912

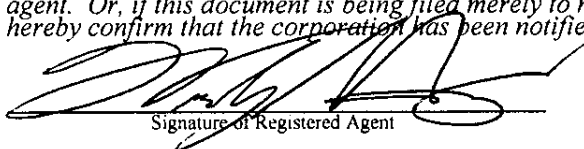
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Sandra Lewis-Foley, Agent
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

6/12/12

Date

If signing on behalf of an entity:

Wendy Murray

Typed or Printed Name

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