NO1 000 005 469

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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2022 SET 22 AH 7:59

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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ	IECT: WYNDSONG ESTATES HOMEOWN	ERS ASSOCIATION, INC.
Name	of Corporation	
DOC	UMENT NUMBER: N01000005469	
The e	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this	matter to the following:
Arthu	r E. Lewis, Esq.	
Name	e of Contact Person	
Backe	r, Aboud, Poliakoff & Foelster	
Firm/	Company	
400 S	. Dixie Highway, Suite 420	
Addre	ess	
Boca	Raton, FL 33432	
City/S	State and Zip Code	
	alewis@baptlaw.com	
E-ma	uil address: (to be used for future annua	I report notification)
For fi	urther information concerning this matter.	please call:
Arthu	ır E. Lewis, Esq.	at (561) 361-8535
<u>-</u>	Name of Contact Person	at (561) 361-8535 Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section

Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

2022 SEP 22 AM 7: 59

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

statement of chan	ge is submitted for a corporation organized under the laws of the State of Florida		
	to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of th	e corporation: WYNDSONG ESTATES HOMEOWNERS ASSOCIATION, INC.		
2. The principal of BOYNTON BEAG	office address: 10893 LAKE WYNDS CT. CH. FL 33437		
3. The mailing ad	dress (if different):		
4. Date of incorpo	pration/qualification: 07/30/2001 Document number: N01000005469		
5. The name and	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)		
	Arthur E. Lewis, Esq.		
	800 CORPORATE DRIVE - STE. 500		
	FORT LAUDERDALE, FL 33334		
(if changed):	street address of the new registered agent (if changed) and /or registered office		
	Arthur E. Lewis, Esq.		
	Backer, Aboud, Poliakoff & Foelster		
	P O Box NOT acceptable 400 S. Dixie Highway, Suite 420, Boca Raton, FL 33432		
The street addre	ss of its registered office and the street address of the business office of its registered agent, be identical.		
Such change was authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.		
$\mathcal{M}\mathcal{M}$	Alan Zavodnick, President		
Ngnath	e of an officer or director Printed or typed name and fille		
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as registered agent and agree to uct in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the bear notified in writing of this change.		
Sig	nature of Registered Agent Date		
If signing on be	half of an entity:		
т	yped 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)