## N02000000 888

| (Re                                     | equestor's Name)   |             |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | ldress)            |             |  |  |
| (Ac                                     | idress)            |             |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Bu                                     | ısiness Entity Nar | me)         |  |  |
| (Document Number)                       |                    |             |  |  |
| Certified Copies                        | _ Certificates     | s of Status |  |  |
| Special Instructions to Filing Officer: |                    |             |  |  |
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Office Use Only



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SECRETARY OF STATE
JIVISION OF CORPORATION

JUL 1 2 2016

C LEWIS

## COVER LETTER\*

TO:

Amendment Section Division of Corporations

SUBJECT: Wingspread Owners' Association, Inc.

Name of Corporation

DOCUMENT NUMBER:

N02000000888

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:

Betsy Barbieux, CAM, CFCAM

Name of Contact Person

Florida CAM Schools, LLC

Firm/Company

2501 West Main Street #108

Address

Leesburg, FL 34748

City/State and Zip Code

Manager@FloridaCAMSchools.com

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

For further information concerning this matter, please call:

**Betsy Barbieux** 

.352

326-8365

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| statement of ch  | ange is submitted for a corporation org   | 1502, 607.1508, or 617.1508, Florida Statute,<br>ganized under the laws of the State of Florida<br>ristered agent, or both, in the State of Florida   | ·                   |                                      |
|--|---|---|---------------------|--------------------------------------|
| 1. The name of   | the corporation: Wingspread Ow  | vners' Association, Inc.  |                     |                                      |
| 2. The principal   | office address: 2501 West Mair  | Street #108, Leesburg, FL 347   | 748                 |                                      |
| 3. The mailing a   | address (if different): same  |   |                     |                                      |
| 4. Date of incor   | poration/qualification: 02-07-2002  | 2 Document number: N0200000   | 3880                |                                      |
| 5. The name and  |   | d agent and registered office on file with the  |                     |                                      |
|  | Cathy Blankenship   |   |                     |                                      |
|  | 1120 West Minneola Aven   | nue   | 28                  | Έ.<br>Υ.                             |
|  | Clermont, FL 34711  |   | <b>16.</b> JUI      | SOR                                  |
| 6. The name and (if changed):  | d street address of the new registered a  | gent (if changed) and /or registered office   | 2016 JUL -7 PM 1:32 | PILED<br>TARY OF SHORP<br>OF CORPORE |
|  | Elizabeth Barbieux  |   | <del></del>         |                                      |
|  | 2501 West Main Street #1  | 08  | 22                  | iri.                                 |
|  | Leesburg, FL 34748  | IOT acceptable  |                     |                                      |
| The street address changed will  | ess of its registered office and the stre   | et address of the business office of its regist   | tered a             | gent,                                |
| Such change wa   | as authorized by resolution duly adopt<br>he board, or the corporation has been   | ted by its board of directors or by an officer notified in writing of the change.   | so                  |                                      |
| Marc R   | Schwartz  | Elizabeth Barbieux  |                     |                                      |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th<br>hereby confirm | the appointment as registered agent of the appointment as registered agent of the comply with the provisions of all standard with and its document is being filed merely to repart the corporation has been notified. | Printed or typed name and title and agree to act in this capacity. atutes relative to the proper and complete d accept the obligation of mv position as reg eflect a change in the registered office addre d in writing of this change. | zisterec<br>ess, I  | 1                                    |
| 15   | alucie  | June 23, 2016   |                     |                                      |
|  | nature of Registered Agent  | Date  |                     |                                      |
| If signing on be   | chalf of an entity:   |   |                     |                                      |
| т  | yped or Printed Name  |   |                     |                                      |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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