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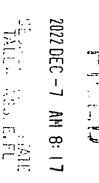
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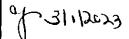
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BOSWELL&DUNLAP.

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2- Board Certified, City, County, Local

December 5, 2022

Via first class mail

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Kings Pond Phase Two Homeowners' Association, Inc.

Document Number: N02000001863

Dear Sir or Ma'am:

Please find, enclosed for filing, the Statement of Change of Registered Office of Registered Agent or Both for Corporations for Kings Pond Phase Two Homeowners' Association, Inc. Also enclosed is my firm's check, payable to the Department of State, in the amount of \$35.00 for payment of the filing fee. If you have any questions, do not hesitate to contact me.

Very truly yours,

BOSWEŁĹ & DUŃLĄP LLP

Robert C. Chilton

Enclosures (as stated)

cc: Client

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

statement of cha	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of <u>Fl</u> er to change its registered office or registered agent, or both, in the State of Flo	JORIDA	
1. The name of t	the corporation: KINGS POND PHASE TWO HOMEOWNERS' ASSOCIATION	ION, INC.	
2. The principal	I office address: 173 KINGS POND AVENUE, WINTER HAVEN, FL 33880		
3. The mailing a	address (if different): 250 OLD BARTOW EAGLE LAKE ROAD, BARTOW.	, FL 33830	
4. Date of incorp	rporation/qualification: 03/14/2002 Document number: N0200000	1863	
	nd street address of the current registered agent and registered office on file with artment of State: (If resigned, enter resigned)	the	
	ROBET C. CHILTON, ESQ.		
	99 6TH STREET SW	2027 Sign	
	WINTER HAVEN, FL 33880	2022 DEC	e, <u>Ž. U</u>
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office	ē. 🗀	t to
	ROBERT C. CHILTON, ESQ.	િ. છુ સ∓. છુ	المحتصدية
	245 SOUTH CENTRAL AVENUE	1 T	
	P.O. Box NOT acceptable		
	BARTOW, FL 33830		
The street addre	ress of its registered office and the street address of the business office of its relation.	egistered ag	ent.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so	
Chaf	ure of an officer or director Frinley or typed name and little		
I further agree t of my duties, an document is bei	t the appointment as rogistered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and completed in function with and occept the obligation of my position as registered a ing filed merely to reflect a change in the registered office address, I hereby as been notified in writing of this change.	ete perform igent. Or, ij confirm thai	ance this t the
	12/5/202	2	
Sign	gnature of Residered Agent Date		_
If signing on be	chalf of an entity:		
Т	Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (04/13)