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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
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COVER LETTER

| O: Amendment Section Division of Corporations | |
|---|----------|
| Wind Stone at Ocoee Homeowner's Association, Inc. | |
| (Name of Corporation) | - |
| OCUMENT NUMBER: N03000002194 | _ |
| he enclosed Resignation of Registered Agent for a Corporation and fee are submitted fo | r filing |
| Please return all correspondence concerning this matter to the following: | |
| Theresa Sutherland | |
| (Name of Person) | |
| Sutherland Management, Inc. | |
| (Name of Firm/Company) | |
| 107 N. Line Drive | |
| (Address) | |
| Apopka, Florida 32703 | |
| (City/State and Zip Code) | |
| for further information concerning this matter, please call: | |
| Theresa Sutherland (Name of Person) at (407) 774-7262 x102 (Area Code & Daytime Telephone Number) | • |
| (Name of Person) (Area Code & Daytime Telephone Number | , |

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

| Pursuant to the provisions of sections $607.0502(2)$, $617.0502(2)$, 607.1509 , or 617.150 |)9, | |
|---|----------|--------------|
| Florida Statutes, the undersigned. Theresa Sutherland | | |
| (Name of Registered Agent) | | |
| hereby resigns as Registered Agent for Wind Stone at Ocoee HOA, Inc. | | |
| (Name of Corporation) | | |
| N0300002194 | | |
| (Document Number, if known) | | |
| A copy of this resignation was mailed to the above listed corporation at its last known | address. | |
| The agency is terminated and the office discontinued on the 31st day after the date on this statement is filed. | which | |
| (Signature of Resigning Agent) | | |
| If signing on behalf of an entity: | SE | = |
| Theresa Sutherland | | |
| (Typed or Printed Name) | | |
| | | Ĭ |
| President | | . |

Fee for filing this document:

\$87.50 - Active corporation \$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

(Capacity)