

003000009090

(Requestor's Name)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Southridge of Clermont THA INC  
Name of Corporation

DOCUMENT NUMBER: NO3000009090

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:

Kevin Davis  
Name of Contact Person

Community Management Specialists  
Firm/Company

1750 Broadway St. Suite 200  
Address

Orlando, FL 32763  
City/State and Zip Code

Kevin@cmsorlando.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kena Davis at 407 3597202  
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**

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Southridge of Clermont HOA, Inc
2. The principal office address: 1750 Broadway St. Suite 222  
Oviedo FL 32765
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/17/03 Document number: NO3000009090
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)

Community Management Professionals Inc  
4700 Willetta Blvd Suite 515  
Oviedo FL 32839

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

Community Management Specialists, Inc  
1750 Broadway St Suite 222  
P.O. Box NOT acceptable  
Oviedo, FL 32765

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]  
Signature of an officer or director

[Signature] Registered 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]  
Signature of Registered Agent

11/15/2016  
Date

If signing on behalf of an entity:

[Signature]  
Typed 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

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