



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

1. The name of the corporation: ALEXANDRIA PLACE TOWNHOMES ASSOCIATION, INC.  
2. The principal office address: 642 E. Bloomingdale Ave Brandon, FL 33511

3. The mailing address (if different): N/A

4. Date of incorporation/qualification: 04/28/2004 Document number: N04000004219

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)

WINFIELD, JANET

9300 N 16TH STREET TAMPA, FL 33612

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

Paul Arrington

642 E. Bloomingdale Ave Brandon, FL 33511

P.O. Box NOT acceptable

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.

Myra Mistler  
Signature of an officer or director

Myra Mistler. President  
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.*

Paul Arrington  
Signature of Registered Agent

08/29/2018  
Date

If signing on behalf of an entity:

Paul Arrington  
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