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## **COVER LETTER**

TO: Amendment Section Division of Corporations METROPOLITAN AT LAKE EOLA CONDOMINIUM ASSOCIATION, INC. SUBJECT: Name of Corporation N04000004993 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: PATRICK H. WILLIS ESQ. Name of Contact Person Willis & Oden PL Firm/Company 2121 S Hiawassee Rd. Ste 116 Address Orlando, FL 32835 City/State and Zip Code pwillis@willisoden.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jan Willis Name of Contact Person 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

1. The name of the corporation: METROPOLITAN AT LAKE EOLA CONDOMINIUM ASSOCIATION, INC.  2. The principal office address: 151 EAST WASHINGTON STREET ORLANDO, FL 32801  3. The mailing address (if different):  4. Date of incorporation/qualification: 5/18/2004  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)  Law Office of Patrick H. Willis  150 N. Orange Avenue, Suite 418  Orlando, FL 32801  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Patrick H. Willis Esq. C/O WILLIS & ODEN PL  2121 S Hiawassee Road, Suite 116  PO. Bota NOT acceptable  Orlando, FL 32835  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 changed will be identical.  Patrick H. Willis  Signature of an other or director  In the provisions of all stanues relative to the proper and complete performance of my duties, and Lang lumillar with and accept the obligation of my position as registered agent. Or, if this document is being filled merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.  June 20, 2017  Signature of Registered Agent  Figure of Date  If signing on behalf of an entity:	statement of cha	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of FLORIDA tered agent, or both, in the State of Florida.	
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	7.		June 20, 2017	
ficiening on behalf of an antity			Date	
	_	·		
Patrick H. Willis 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 \* \* \*