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ATTORNEYS AT LAW www.clayton-mcculloh.com

RUSSELL E. KLEMM Attorney & Counselor at Law rklemm@clayton-meculloh.com Clayton & McCulloh, P. A. Servicing 25 Counties Respond to. Orlando Office

April 6, 2015

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Osprey Pointe of Winter Haven Homeowners Association, Inc. / Change of Registered Agent

Dear Sir/Madam:

Enclosed please find the "Statement of Change of Registered Office or Registered Agent or Both for Corporations" for Osprey Pointe of Winter Haven Homeowners Association, Inc. Also enclosed please find this firm's check in the amount of \$35.00 for the cost of filing such Statement.

Should you have any questions or require additional information, please feel free to contact me.

Sincerely,

CLAYTON & McGULLOH

Jenny Leete

Florida Registered Paralegal

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Enclosure

cc: Osprey Pointe of Winter Haven Homeowners Association, Inc. (without enclosure)

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Osprey Pointe of Winter Haven Homeowners Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N04000007586

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:

Crystal Hansen, Paralegal

Name of Contact Person

Clayton & McCulloh

Firm/Company

1065 Maitland Center Commons Blvd.

Address

Maitland, FL 32751

City/State and Zip Code

treas.ophoa@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Hansen, Paralegal

,407 \875-2655

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida reconstruction or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Osprey Pointe of Winter Haven Homeowners Association, Inc.
2. The principal	office address: 3897 Osprey Pointe Circle, Winter Haven, FL 33884
3. The mailing a	ddress (if different): Same
4. Date of incorp	poration/qualification: 08/03/2004 Document number: N0400007586
5. The name and	street address of the current registered agent and registered office on file with the temperature timent of State: (If resigned, enter resigned)
	Brian Mathis
	20 3rd Street, SW Ste 209
	Winter Haven, FL 33880
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Russell E. Klemm
	1065 Maitland Center Commons Blvd.
	P.O. Box NOT acceptable Maitland, FL 32751
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so le board, or the corporation has been notified in writing of the change.
Utn	Don Morgan President Te of an object director Printed or typed name and title
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Sign	nature of Registered Agent Date
If signing on bel	half of an entity:
AUSUE Ty	24 EDWARD KLEMM ped 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 * * *