

11/12/2018

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Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FL

**REGISTERED AGENT CHANGE
MIRA LAGO WEST HOMEOWNERS ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
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TALLAHASSEE, FL

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T. LEMIEUX

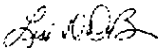
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: MIRA LAGO WEST HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 611 DESTINY DR.
RUSKIN, FL 33570
3. The mailing address (if different): P.O. BOX 925
RUSKIN, FL 33575
4. Date of incorporation/qualification: 09/22/2004 Document number: N04000909093
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)
MANKIN LAW GROUP
2535 LANDMARK DRIVE SUITE 212
CLEARWATER, FL 33761
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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 of an officer or director

Lisa Dubois, Secretary

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.

By: C T Corporation System

Mike Jones, Assistant Secretary
Signature of Registered Agent

11/12/2018

Date

If signing on behalf of an entity:

MIRA LAGO WEST HOMEOWNERS ASSOCIATION, INC.

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

CR2E045 (03/12)