NO4000010253

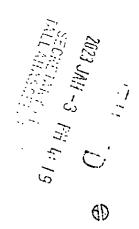
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: INDEPENDENCE TOWNHOMES I ASSOCIATION, INC. Name of Corporation
DOCUMENT NUMBER: N04000010253
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:
John L. Di Masi Name of Contact Person Di Masi Burton, P.A. Firm/Company 801 N Orange Avenue #500 Address Orlando, FL 32801 City/State and Zip Code
jdimasi@orlando-law.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
John L. Di Masi Name of Contact Person at (407) 839-3383 Area Code & Daytime Telephone Number
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of chai	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida ir to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation:INDEPENDENCE TOWNHOMES I ASSOCIATION, INC.	
2. The principal	office address: 14213 Pleach Street, Winter Garden, FL 34787	
3. The mailing a	ddress (if different):	
	poration/qualification: 10/29/2004 Document number: N04000010253	•
5. The name and	I street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)	
	Law Offices of John L. Di Masi, P.A.	
	801 N Orange Avenue, #500	
	Orlando, FL 32801	.:
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	
	Di Masi Burton, P.A.	
	801 N Orange Avenue, #500	
	P.O. Box NOT acceptable	
	Orlando, FL 32801	
The street addre as changed will	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	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the comporation has been notified in writing of the change.	
Signatur	re of an officer or director Tokan L. D.: Wai Presch	S
I further agrée to of my duties, and document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of am familiar with and accept the obligation of my position as registered agent. Or, if this ang filed merely to reflect a change in the registered office address, I hereby confirm that the speen notified in writing of this change.	
	half of an entity:	
John L. Di Mas	•	
	yped or Printed Name	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

* * * FILING FEE: \$35.00 * * *