MOUXXVIO 798

(Re	questor's Name)		_
(Add	dress)	··-·	-
(Ada	dress)		-
(Cit	y/State/Zip/Phon	e #)	_
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	-
(Do	cument Number)		-
Certified Copies	_ Certificates	s of Status	-
Special Instructions to	Filing Officer:		7
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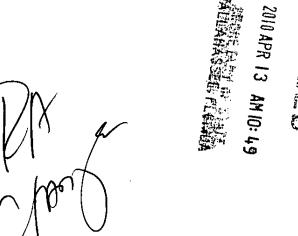
Office Use Only

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04/13/10--01019--016 **35.00



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

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this page is submitted for a corporation organized under the laws of the State of Florida
in ord	ler to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Overlook at Lake Louisa Homeowners' Association, Inc.
2. The principa	office address: 5756 S. Semoran Boulevard, Orlando, Florida 32822
3. The mailing	address (if different): Same as above.
4. Date of incor	rporation/qualification: 11/16/2004 Document number: N04000010798
	nd street address of the current registered agent and registered office on file with the artment of State:
	Webb, Robin
	901 North Lake Destiny Drive, Suite 110
	Maitland, FL 32751
6. The name an (if changed):	Maitland, FL 32751 Ind street address of the new registered agent (if changed) and /or registered office House of Management Enterprises for Community Associations, Inc. (P.O. Box NOT acceptable)
	House of Management Enterprises for Community
* * * * * * * * * * * * * * * * * * *	Associations, Inc.
	(P.O. Box NOT acceptable) 5756 S. Semoran Boulevard, Orlando, Florida 32822
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent, ll be identical.
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the porporation has been notified in writing of the change.
Mu Signa	Man Hand SHAron Hand Prosident (Printed or typed name and title)
I hereby accep I further agree of my duties, a document is be corporation ha	of 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 and I am familiar with and accept the obligation of my position as registered agent. Or, if this eing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
- Oli	Signature of Registered Agent) (Date)
	pehalf of an entity:
MICH	(Typed or Printed Name)
	* * * FH INC FFF: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)