NO4856

| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

| TO: Amendment Section Division of Corporations | |
|---|--|
| SUBJECT: Sandalwood Village Association, In Name of Corporation | oc. |
| DOCUMENT NUMBER: N04856 | |
| The enclosed Statement of Change of Registe | ered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning to | his matter to the following: |
| Darcie Englert | |
| Name of Contact Person | |
| American Home Team Realty, LLC | |
| Firm/Company | |
| 253 Plaza Drive, Suite D | |
| Address | |
| Oviedo, FL 32765 | |
| City/State and Zip Code | |
| ddnsenglert@hotmail.com | |
| E-mail address: (to be used for future annu- | al romant and Gard |
| to be used for future affilia | ar report notification) |
| For further information concerning this matter, | please call: |
| Darcie Englen | 407 350 0500 |
| Name of Contact Person | at (407)359-9500 Area Code & Daytime Telephone Number |
| | |
| Enclosed is a \$35.00 check made payable to the | e Department of State. |
| Mailing Address: | Street Address: |
| Amendment Section | Amendment Section |
| Division of Corporations | Division of Corporations |
| P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations

| SUBJECT: Sandalwood Village Association, Inc. |
|--|
| (Name of Corporation) |
| DOCUMENT NUMBER: N04856 |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing Please return all correspondence concerning this matter to the following: |
| Marybeth Brown |
| (Name of Person) |
| (Name of Firm/Company) |
| 1225 Sharon Place |
| (Address) |
| Winter Park, FL 32789 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| |
| (Name of Person) at (407) 359-9500 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for \$35.00 made payable to the Florida 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

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, ange is submitted for a corporation organized under the laws of the State of Florida cr to change its registered office or registered agent, or both, in the State of Florida. | this |
|--|--|--|
| | the corporation: Sandalwood Village Association, Inc. | |
| | office address: 253 Plaza Drive, Suite D. Oviedo, FL 32765 | |
| 3. The mailing a | address (if different): same | |
| | poration/qualification: 8/24/1984 Document number: N04856 | |
| | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) | |
| | Marybeth D Brown | |
| | 1225 Sharon Place | |
| | Winter Park, FL 32789 | 2022 DE.C |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | EC 12 |
| | American Home Team Realty, LLC | PH |
| | 253 Plaza Drive, Suite D | 2: |
| | P.O. Box NOT acceptable | |
| | Oviedo, FL 32765 | |
| The street address changed will | ess of its registered office and the street address of the business office of its registe be identical. | ered agent, |
| Such change wa | as authorized by resolution duly adopted by its board of directors or by an officer the board, or the comporation has been notified in writing of the change. | so |
| hor | The of an officer or director Ahmed El Haury Printed or typed name and title | · P |
| I further agree of my duties, ar document is ber | 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 pend I am familiar with and accept the obligation of my position as registered agent, ing filed merely to reflect a change in the registered office address, I hereby confirs been notified in writing of this change. | erformance Or, if this rm that the |
| Days | gnature of Registered Agents Date | |
| If signing on be | chalf of an entity: | |
| Darcie Englert | | |
| 1 | yped 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 * * *