NODOOOKS

	Saassaada Namas	
(r	Requestor's Name)	
4)	\ddress)	
	Address)	
(*	addiess)	
(0	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
(Document Number)		
0.000.00		. .
Certified Copies	Certificates of	Status
Special Instructions t	o Filing Officer	
Opecial maddedons t	o i ming officer.	

Office Use Only



100300778861

07/03/17--01033--020 ++35.00

JUL 10 2017 S. YOUNG 17 JE -3 EL ST

COVER LETTER

Amendment Section Division of Corporations

The Ventura t Windsor Hills Condominium Association, Inc. SUBJECT:

Name of Corporation

DOCUMENT NUMBER: NUSU

N05000000165

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:

Patrick H. Willis Esq.

Name of Contact Person

Willis & Oden PL

Firm/Company

2121 S Hiawassee Rd. Ste 116

Address

Orlando, FL 32835

City/State and Zip Code

pwillis@willisoden.com

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

For further information concerning this matter, please call:

Jan Willis

,407

903-9939

Name of Contact Person

Area Code & Daytune 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
Tallahassec, 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

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 101 101 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Ventura at Windsor Hills Condominium Association, Inc.
2. The principal office address: 2600 N Old Lake Wilson Road
Kissimmee, FL 34747
3. The mailing address (if different): C/o FirstService Residential
385 Douglas Avenue; Ste 3350 Altamonte, FL 32714
4. Date of incorporation/qualification: 1/5/2005 Document number: N0500000165
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)
Patrick H. Willis Esq.
150 N. Orange Avenue, Suite 418
Orlando, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Patrick H. Willis Esq.
2121 S Hiawassee Road, Suite 116
P.O. Box NOT acceptable
Orlando, FL 32835
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.
Patrick H. Willis
Signature of an officer or director 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 jamiliar 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 sorporation has been notified in writing of this change.
June 20, 2017
Signature of Registered Agent Date
If signing on behalf of an entity:
Patrick H. Willis 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)