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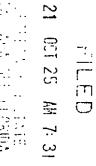
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T. LEMIEUX NOV - 4 2021

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: CYPRESS FAIRWAY CONDOMINIUM ASSOCIATION, INC. Name of Corporation $\mathbf{DOCUMENT\ NUMBER:} \underline{{}^{\mathbf{N05000001620}}} \underline{-} \mathbf{1620}$ 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: HELENA MALCHOW, ESQUIRE Name of Contact Person MATEER & HARBERT, P.A. Firm/Company 225 E. ROBINSON STREET, STE. 600 Address ORLANDO, FL 32801 City/State and Zip Code Hgmalchow@mateerharbert.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407) 425-9044 Area Code & Daytime Telephone Number HELENA MALCHOW Name of Contact Person

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

The name of the co	rporation: CYPRESS FAI	RWAY CONDOMII	NIUM ASSOCIATIO	N, INC.	
or the pattern of the con	address: 5443 VINELAN	D ROAD			
2. The principal office ORLANDO, FL 32811			·		
	4				
The mailing address	s (if different): SAME	-1		- E O D A A D	/. <u>)</u>
4. Date of incorporation	on/qualification: _2/19	2005 Do	cument number: N	0200001	U ZU
5. The name and stree	t address of the current re t of State: (If resigned, en	egistered agent and	registered office on f	file with the	
WEA	AN & MALCHOW, P.A.				
	EAST COLONIAL DRIVI	Ė			
ORL	ANDO, FL 32803				
6. The name and stree (if changed):	address of the new regi	stered agent (if chai	nged) and /or register	red office	
MA	TEER & HARBERT, P.A.				
225	EAST ROBINSON STREE	ET, STE.600 P.O. Box NOT acce	p:able	00T 25	T.
OR!	ANDO, FL 32801		. <u></u>		Ö
as changed will be it	lentical.	the shoet hours		SE	l agent.
Such change was autauthorized by the bo	thorized by resolution du ard, or the corporation h	lly adopted by its bas been notified in	oard of directors or writing of the chang	by an officer so	
			Lilivette Ramos		·
Signature of a	n afficer or director		Printed or typed nan		
(XIII)	ippointment as registere inply with the provisions in familiar with and acc dedimeraly to reflect a cl in notified in writing of the of Registered Agent	d agent and agree of all statutes rela ept the obligation counge in the register is change.	to act in this capacitive to the proper at if my position as regimed office addreys,	(y), (y), (y), (y), (y), (y), (y), (y),	ormance Pr. if this thát the
If signing on behalf	of an entity:				
Helina Malch	ow on behalf of	Matur Harbi	Lrt		

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 * * *