

N05000003732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

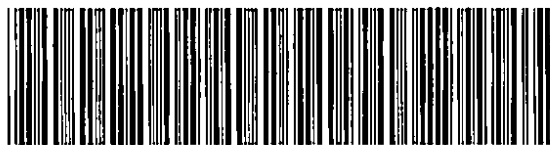
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Spring Isle Community Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000003732

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:

Becky Ritchie

Name of Contact Person

Aegis Community Management Solutions, Inc.

Firm/Company

8390 Championsgate Blvd. Suite 304

Address

Championsgate, FL 33896

City/State and Zip Code

britchie@aegiscms.com ✓

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

For further information concerning this matter, please call:

Becky Ritchie

Name of Contact Person

at (863) 256-5052 ext. 233
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
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Spring Isle Community Association, Inc.
2. The principal office address: 8390 Championsgate Blvd. Suite 304
Championsgate, FL 33896
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/12/2005 Document number: N05000003732
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)

Leland Management

6972 Lake Gloria Blvd.

Orlando, FL 32809

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Aegis Community Management Solutions, Inc ✓

8390 Championsgate Blvd. Suite 304

P.O. Box NOT acceptable

Championsgate, FL 33896

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.

x Froma K. Wlazlo
Signature of an officer or director

x FROMA K WLAZLO VP
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 familiar 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 corporation has been notified in writing of this change.

David Burman
Signature of Registered Agent

11-28-18
Date

If signing on behalf of an entity:

David Burman

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)

18 DEC 14 PM 3:46

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