NO500000 4911

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COVER LETTER

Division of Corporations Parkway Palms Community Services Property Association, Inc. Name of Corporation N05000004911 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: Jose J. Ponce, Director & President Name of Contact Person Parkway Palms Community Services Property Association, Inc. Firm/Company 3100 Parkway Boulevard Kissimmee, FL 34747 City/State and Zip Code ioseiponce@comcast.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jose J. Ponce

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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

TO:

Amendment Section

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

statement of cha	nge is submitted for a corporal	2, 617.0502, 607.1508, or 617.1508, Florida Stotion organized under the laws of the State of $\frac{Flot}{Flot}$ or registered agent, or both, in the State of Flot	orida	
1. The name of t	he corporation: Parkway Pa	alms Community Services Property vay Boulevard, Kissimmee, Florida	Association, Ir	nc.
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: 5-9-2005 Document number: N050			004911	
	street address of the current retirement of State: (If resigned, en	egistered agent and registered office on file with ter resigned)	ı the	
	Galvin Law, PL		⊼ s	
390 N. Orange Avenue, Suite 2300		ie, Suite 2300	16 SEP ECRETA	
	Orlando, Florida 3280	01	P -6 IAKY ASSE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
6. The name and (if changed):	_	stered agent (if changed) and /or registered offic	िं≘ च	Г
	Jose J. Ponce		≫ Ωι	
	3100 Parkway Bouley	O. Box NOT acceptable		
	Kissimmee, Florida 3	·		
•		the street address of the business office of its r y adopted by its board of directors or by an of s been notified in writing of the change.		
	A P	Jose J. Ponce		
Signatu	re of an officer or director	Printed or typed name and title		
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as registered to comply with the provisions of my duties, and I am familiar w is document is being filed mere that the corporation has been	agent and agree to act in this capacity, of all statutes relative to the proper and comply with and accept the obligation of my position a ely to reflect a change in the registered office a notified in writing of this change.	lete is registered address, I	
Jos	of Flore	8-30-2016		
₹ Sigi	lature of Registered Agent	Date		
It signing on be	half of an entity:		•	
Ту	/ped or Printed Name	 LING FEE: \$35.00 * * *		