N05000007049

(Requestor's Name)	
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	
(City Citation Lips Hollow)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
,	
Certified Copies Certificates of Status	
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COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: WEKIVA RUN HOMEOWNERS ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: N05000007049 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: Jan McClanahan Name of Contact Person Southwest Property Management of Central FL, Inc. Firm/Company 13350 W Colonial Drive Ste 330 Address Winter Garden, FL 34787 City/State and Zip Code jan@swpmcfl.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jan McClanahan Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee

Tallahassee, FL 32303

CR2E045 (04/13)

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stateange is submitted for a corporation organized under the laws of the State of $\overline{{ t FLC}}$		· ——	
	er to change its registered office or registered agent, or both, in the State of Flor	ida.		
1. The name of	the corporation: Wekiva Run Homeowners Association, Inc.			
	office address: c/o Southwest Property Management of Central FL, Inc.			
13350 W Coloni	ial Drive Ste 330 Winter Garden, FL 34787			
3. The mailing a	address (if different): P. O. Box 783367 Winter Garden, FL 34778			
	poration/qualification: 07/11/2005 Document number: N050000070	49		
	d street address of the current registered agent and registered office on file with tertment of State: (If resigned, enter resigned)	he		
	c/o Access Management			
	215 Celebration Place Ste 115		202	
	Celebration, FL 34747		O SEF	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ARY O	-8 A	
	c/o Southwest Property Management of Central FL Inc.	اساری اساسا	AH S	-
	13350 W Colonial Drive Ste 330	FATE	8: <u>5</u>	
	P.O. Box NOT acceptable			
	Winter Garden, FL 34787			
The street address as changed will	ess of its registered office and the street address of the business office of its re- be identical.	gistered	agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	cer so		
AHIR	e of an other or director ALFRED BICHBRDS: Printed or typed mame and bitle	ON .		
· ·				
I hereby accept I further agree to of my duties, and document is beli corporation has	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all standes relative to the proper and complet d I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby cobeen notified in writing of this change.	te perfor ent. Or onfirm th	mance if this hat the	
318	entire of Kegistered Agent 9/3/20			
If signing on bel	nalf of an entity:			
Gary Comstock,	President			
Ту	ped 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 (04/13)