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| (Re | questor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
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SECRETARY OF STATE.

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C. LEWIS JUL 2 5 2014 EXAMMER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT. S.C.O. CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: NO500008768

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:

Greg Reynolds

Name of Contact Person

FirstService Residential, SCO Condo Assoc. Inc.

Firm/Company

100 South Eola Drive, Suite 205

Address

Orlando, FL 32801

City/State and Zip Code

greg.reynolds@fsresidential.com

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

For further information concerning this matter, please call:

Greg Reynolds

.,407

839-4700

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

| statement of change is sa | ubmitted for a corporation org | 502, 607.1508, or 617.1508, Florida Statutes, anized under the laws of the State of Florida | anar marintininin |
|---------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| | | istered agent, or both, in the State of Florida. | |
| 1. The name of the corpo | oration: S.C.O. CONDO | MINIUM ASSOCIATION, INC. | |
| 2. The principal office a | ddress: 100 S EOLA DF | RIVE, Suite 205, Orlando FL 3280 |)1 |
| 3. The mailing address (| if different): | | name to administrative to be being a believe of deep |
| 4. Date of incorporation | /qualification: 08/24/2005 | Document number: N0500008 | 768 |
| | ddress of the current registered f State: (If resigned, enter resigned) | d agent and registered office on file with the gned) | |
| KIER | NAN, SCOTT P Becl | ker and Poliakoff | <u>_</u> = |
| 111 N. Orange Avenue Suite 1400 | | A Jul | |
| Orlar | Orlando, FL 32801 | | |
| 6. The name and street a (if changed): | ddress of the new registered at | gent (if changed) and /or registered office | 14 JUL 1 PM 1: 10 |
| COR | CORPORATION COMPANY OF ORLANDO | | |
| 300 8 | South Orange Avenue, | , Suite 1000 | <u> </u> |
| Orlon | | Ol' acceptable | |
| Oriar | ndo, FL 32801 | | |
| The street address of its as changed will be iden | registered office and the streatical. | et address of the business office of its registe | ered agent, |
| Such change was authorized by the board | rized by resolution duly adopt or the corporation has been i | ed by its board of directors or by an officer snotified in writing of the change. | 80 |
| Signature of an off | | Khaled Akkawi Printed or typed traine and fille | |
| • · · · · · · · · · · · · · · · · · · · | | and agree to act in this capacity. atutes relative to the proper and complete if accept the obligation of my position as registered office address in the registered office address in writing of this change. | isterod ss, I |
| | egistered Agent | 6/10/2014 | |
| | • | Date | |
| If signing on behalf of a Daniel T. C | in entity:)'Keefe | | |
| Typed or Pri | nted Name | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *