

NO5000009495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

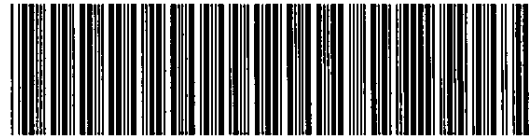
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400259945634

06/11/14--01009--006 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 11 AM 10:30

C. LEWIS

JUN 24 2014

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Avalon of Orange County Condominium Association
Name of Corporation Inc.

DOCUMENT NUMBER: NO5000009495

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:

Marixa del Valle
Name of Contact Person

The Avalon of O.C. Condo Assoc.
Firm/Company

4417 S. Semoran Blvd.
Address

Orlando, FL 32822
City/State and Zip Code

marixa.delvalle@fsresidential.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marixa del Valle at (407) 737-4122
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)

Paid By Check Number: 6405 - Paid Amount: \$35.00

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

JUN 11 AM 10:30

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: The Avalon of Orange County Condominium Assoc. Inc.
2. The principal office address: 4417 S. Semoran Blvd.
Orlando, FL 32822
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/14/2005 Document number: NO5000009495

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)

Law Offices of D. Jefferson Davis, P. L.
4417 S. Semoran Blvd. Suite 2
Orlando, FL

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

D. Jefferson Davis c/o The JD Law Firm
180 S. Knowles Ave. Ste. 7
P.O. Box NOT acceptable
Winter Park, FL 32789

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.

[Signature]
Signature of an officer or director

Joshua Bateman / President BOD
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.

[Signature]
Signature of Registered Agent

6-4-13
Date

If signing on behalf of an entity:

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

Paid By Check Number: CR2E045 (03/12) - Paid Amount: \$35.00