

NO60000001198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

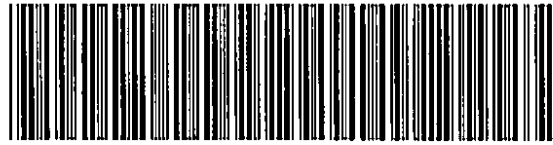
(Business Entity Name)

(Document Number)

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FALLS CHURCH, VIRGINIA

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LEGACY PARC CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N06000001198

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:

PATRICK H. WILLIS ESQ.

Name of Contact Person

Willis & Oden PL

Firm/Company

2121 S Hiawassee Rd. Ste 116

Address

Orlando, FL 32835

City/State and Zip Code

pwillis@willisoden.com

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

For further information concerning this matter, please call:

Jan Willis

Name of Contact Person

407 903-9939

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: LEGACY PARC CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 3179 FELTRIM PLACE  
KISSIMMEE, FL 34741

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 2/3/2006 Document number: N06000001198

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 Office of Patrick H. Willis

150 N. Orange Avenue, Suite 418

Orlando, FL 32801

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

Patrick H. Willis Esq. C/O WILLIS & ODEN PL

2121 S Hiawasse Road, Suite 116

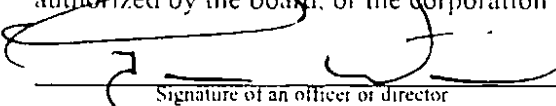
P.O. Box NOT acceptable

Orlando, FL 32835

FILED  
JUN 23 2017  
TALLAHASSEE, FLORIDA

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 of an officer or director

Patrick H. Willis

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 of Registered Agent

June 20, 2017

Date

If signing on behalf of an entity:

Patrick H. Willis

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