

**ND6 0000003956**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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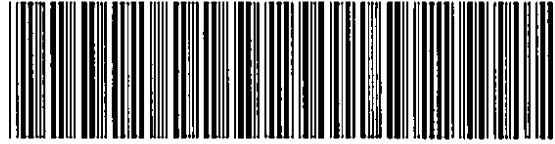
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SEVEN DWARFS CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N06000003956

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** at ( **407 903-9939** )  
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

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: SEVEN DWARFS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 2600 JONAGOLD BLVD KISSIMMEE, FL 34746
3. The mailing address (if different):

4. Date of incorporation/qualification: 4/10/2006 Document number: N06000003956

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
Orlando, FL 32835
P.O. Box NOT acceptable

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 \*\*\*