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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number ; (954)208-0845 S TALLEN' MAR 2 1 2018

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

## REGISTERED AGENT CHANGE

MILTON AT LUCAYA CONDOMINIUM ASSOCIATION, INC.

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

statement of ch	e provisions of sections 607.0502, 617.05 nange is submitted for a corporation orga	02, 607.1508, or 617.1508. nized under the laws of the	Florida Statutes, this State of Florida	
in ord	ler to change its registered office or regis	tered agent, or both, in the	State of Florida.	_
1. The name of	the corporation: Hamilton at Luca	ya Condominium As	ssociation, Inc.	
2. The principa	d office address: 2685 Horseshoe	Drive S #215		
	Naples, FL 34104			<del></del>
3. The mailing-	address (if different): same as above	re		
4. Date of incor	rporation/qualification: 05/09/2006	Document number:	N06000005100	
5. The name an Florida Depa	d street address of the current registered a rement of State: (If resigned, enter resign	agent and registered office (	on file with the	*·
	Becker & Poliakoff PA			<b>_</b>
	12140 Carissa Commerce C	ourt, Suite 200		TB. HAR
	Fort Myers, FL 33966		1954 1954	R 20
6. The name and (if changed):	d street address of the new registered ages	nt (if changed) and /or regis	stered office	AH 7
	CT Corporation System			: 22
	1200 S. Pine Island Road		<del></del> -	
, , ,	Plantation, FL 33324	acceptable		
The street address changed will	ess of its registered office and the street a be identical.	address of the business offi	ice of its registered age	ņt,
Such change wa	is authorized by resolution duly adopted the board, or the corporation has been not	by its board of directors or ified in writing of the chan	r by an officer so	
Kolund	t E. Davis	Robert Davis, Pres	me and title	-
( hereby accept ! further agree to performance of i agent. Or, if this hereby confirm !	the appointment as registered agent and o comply with the provisions of all statumy duties, and I am familiar with and ac s document is being filed merely to reflethat the corporation has been notified in	agree to act in this capaci	ity.	
Jan M 21	James M. Halpin Assistant Secretary	3/20/18		
/ fsigning on beh	nalf of an entity:	Date		
CT Corporati	ion System 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 (03/12)