NOLOCCU9987

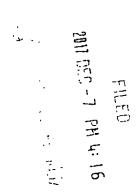
| (Requestor's Nam | e) |
|---|----------------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Ph | one #) |
| PICK-UP WAIT | MAIL |
| (Business Entity N | Name) |
| (Document Numb | per) |
| Certified Copies Certifica | ates of Status |
| Special Instructions to Filing Officer: | |
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villas Del Sol Property Owners' Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N0600009987

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:

Charles Evans Glausier

Name of Contact Person

Glausier Knight, PLLC

Firm/Company

400 N. Ashley Drive, Ste. 2020

Tampa, FL 33602

City/State and Zip Code

cglausier@glausierknight.com

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

For further information concerning this matter, please call:

Charles Evans Glausier

Name of Contact Person

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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1 inge is submitted for a corporation organized und or to change its registered office or registered ago | der the laws of the State of Florida | _ |
|------------------------------------|---|--|----------|
| 1. The name of to 2. The principal | the corporation: Villas Del Sol Property office address: 17824 N. US Hwy 41, L | Owners' Association, Inc. Lutz, FL 33549 | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | poration/qualification: 09/22/2006 | Oocument number: N0600009987 | |
| 5. The name and | d street address of the current registered agent and then the of State: (If resigned, enter resigned) | d registered office on file with the | |
| | Charles Evans Glausier | <i>;</i> . | |
| | 1801 N. Highland Avenue | 2017 DEC | |
| | Tampa, FL 33602 | | <u> </u> |
| 6. The name and (if changed): | I street address of the new registered agent (if cha | | ED: |
| | Charles Evans Glausier | | - |
| | 400 N. Ashley Drive, Suite 2020 | | |
| | Tampa, FL 33602 | : | |
| The street address changed will | ess of its registered office and the street address be identical. | of the business office of its registered as | gent. |
| | as authorized by resolution duly adopted by its be ne board, or the corporation has been notified in | | |
| | Mas B. Poule Thor | | _ |
| Thereby accept | to of an officer of director the appointment as registered agent and agree to comply with the provisions of all statutes rela my duties, and I am familiar with and accept th is document is being filed merely to reflect a ch that the corporation has been notified in writing | Printed or typed name and title to act in this capacity, ttive to the proper and complete te obligation of my position as registered ange in the registered office address, I g of this change. | l |
| (has | o Ku | 6DEC17 | |
| | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| Ту | yped or Printed Name | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (03/12)