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MAR 28 333 T. LEMIEUX CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 700236 430394

...

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: March 27, 2019

ORDER TIME : 11:11 AM

ORDER NO. : 700236-005

CUSTOMER NO: 4303940

CHANGE OF AGENT

NAME: OVIEDO VILLAGE CONDOMINIUM

ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this angle is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Oviedo Village Condominium Association, Inc.
2. The principal	office address: 2 North 20th Street, Suite 1700, Birmingham, AL 35203
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 11/14/2006 Document number: N06000011904
	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Aaron J. Gorovitz
	215 North Eola Drive Orlando, Florida 32801
	Orlando, Florida 32801
6. The name and (if changed):	Orlando, Florida 32801 Street address of the new registered agent (if changed) and /or registered office
	Corporation Service Company
	1201 Hays Street
	P.O. Box NOT acceptable
	Tallahassee, Florida 32301
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such Shange wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so the corporation has been notified in writing of the change.
Signatu	David Williams, President and Secretary Printed or typed name and title
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
! Cerc	ature of Registered Agent 3/37/19
If signing on bel	nalf of an entity: Roxanne Turner Asst. Vice President
Ту	ped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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