## 'NDIOCOCOSIS

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600317578616

11/13/16--01028--011 \*\*35.00

2018 NOV 13 PH 2: 23

RAIROICHE

NOV 1 (; 2018

## 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:Tuscana Master Association, Inc.
2. The principal office address: 1395 Tuscana Lane, Davenport, FL 33896
3. The mailing address (if different): 2155 Kalakaua Ave., 5th Floor, Honolulu, HI 96815-2398
4. Date of incorporation/qualification: 1/23/2007 Document number: N07000000815
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)
Garfinkel Whynot
300 N. Maitland Ave.
Maitland, FL 32751
6. The name and street address of the new registered agent (if changed) and /or registered of fixe of the new registered agent (if changed):  Shipwash Law Firm, P.A.  Shipwash Law Firm, P.A.  Shipwash Law Firm, P.A.
Shipwash Law Firm, P.A.
$\alpha \approx 3.5000000000000000000000000000000000000$
Maitland, Florida 32751
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.
Garrett Kenny, President Signature of an office or director  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 documents's being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been matified in writing of this change.
Signature of Registered Agent 11/2/18 Date
If signing on behalf of an entity:
TEMMILE M. Shipmash Typed 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 \* \* \*