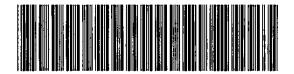
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Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE FLORIDA



## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: SOMERSET CHASE HOMEOWNERS ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N0700003441

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:

Norma Baldwin

Name of Contact Person

Associa/CMP

Firm/Company

4700 Millenia Blvd, Suite 515

Address

Orlando, FL 32839

City/State and Zip Code

nbaldwin@community-mgmt.com

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

For further information concerning this matter, please call:

Norma Baldwin 4

,407 455-5931

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

DEC 2 1 2015 D

December 15, 2015

NORMA BALDWIN 4700 MILLENIA BLVD STE 515 ORLANDO, FL 32839

SUBJECT: SOMERSET CHASE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N07000003441

We have received your document for SOMERSET CHASE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 715A00026205



## 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: SOMERSET CHASE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 4700 Millenia Blvd. Suite 515 Orlando, FL 32839
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/03/2007 Document number: N07000003441
<ol><li>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)</li></ol>
HANSON, JACK
1600 WEST COLONIAL DRIVE
ORLANDO, FL 32804
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Community Management Professionals, INC.
4700 Millenia Blvd. Suite 515
P.O. Box NOT acceptable
Orlando, FL 32839
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.
Emai Wall—  Signature of an officer or director  Printed or typed name and title  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.
November 06, 2015
Signature of Rogesterod Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FH INC FFF: \$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)