6/8/2021

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REGISTERED AGENT CHANGE FREEDOM POINTE AT THE VILLAGES CONDOMINIUM ASSOCIATI

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

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation org in order to change its registered office or reg	anized under the laws of the State of Florida
1. The name of the corporation: FREEDOM POINTE AT	
2. The principal office address: 1920 Main Street, Ste 12 tryine, CA 92614	
3. The mailing address (if different): 5050 South Syraco	use Street Suite 800, Denver, CO 80237
4. Date of incorporation/qualification: 05/01/2007	Document number: N07000004981
5. The name and street address of the current registered Florida Department of State: (If resigned, enter resigned)	d agent and registered office on file with the
Kaestner, Todd	
1550 EL CAMINO REAL	
LADY LAKE, FL 32159	
6. The name and street address of the new registered a (if changed):	gent (if changed) and /or registered office
CT Corporation System	
1200 South Pine Island Road	
P.O. Plantation, Florida 33324	Box NOT acceptable
The street address of its registered office and the streas changed will be identical.	eet address of the business office of its registered agent,
Such change was authorized by resolution duly adop authorized by the board, or the corporation has been becausigned by:	sted by its board of directors or by an officer so notified in writing of the change.
Leffrey & Miller tor	Jeffrey H. Miller, President
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all st of my duries, and I am familiar with and accept the adocument is being filed merely to reflect a change in corporation has been notified in writing of this change	and agree to act in this capacity. tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the
CT Corporation System	06/08/2021
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Sandra Zwijack, Assistant Secretary	
Typed or Printed Name	
* * * EH 1NC	TPP- \$35 60 * * *

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 (04/13)

By: