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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FL

30 10/07/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Osceola Town Park Homeowners Association Inc.
Name of Corporation

DOCUMENT NUMBER: N07000005717

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:

Leslie Ludlam

Name of Contact Person

Association Management Group of Central Florida Inc.

Firm/Company

101 Park Place Blvd., Suite 2

Address

Kissimmee, FL 34741

City/State and Zip Code

leslieamg@embarqmail.com

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

For further information concerning this matter, please call:

Leslie Ludlam

Name of Contact Person

at (407) 847-9950

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Osceola Town Park Homeowners Association Inc.
2. The principal office address: 2865 Wilson Road.
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/07/2007 Document number: N07000005717
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)

Sam White

2865 Wilson Road

Saint Cloud, FL 34772

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Association Management Group of Central Florida Inc.

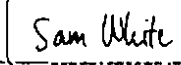
101 Park Place Blvd., Suite 2

P.O. Box NOT acceptable

Kissimmee, FL 34741

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

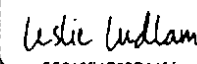
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Decided by:

 23DF8A5E1682D1466 of an officer or director

Sam White, 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 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.

Decided by:

 EF342E1682D1466 Signature of Registered Agent

7/27/2020

Date

If signing on behalf of an entity:

 Typed or Printed Name

*** * * 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)

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

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Sam White2865 Wilson RoadSaint Cloud, FL 34772

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Association Management Group of Central Florida Inc.101 Park Place Blvd., Suite 2P.O. Box NOT acceptableKissimmee, FL 34741

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Sam White2007060700005717 of an officer or directorSam White, DirectorPrinted or typed name and title

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Leslie LudlamEF312E1082D1444Signature of Registered Agent7/27/2020Date

If signing on behalf of an entity:

Leslie LudlamTyped or Printed Name

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

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