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COVER LETTER

TO:	Amendment Section Division of Corporations	·
SUBJ Name	ECT: IMIAN LAKE HOMERANN of Corporation	ers Association of Escanspora County, I
DOCU	JMENT NUMBER: <u>NJO7-0000</u> 0	7063
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
Name	of Contact Person	
YAA Firm/C	Attome Spot Com	
Addre	S N Pace Blixa.	
$\overline{}$	COLUMPT 37505	
E-mai	il address: (to be used for future annua	Treport notification)
For fu	rther information concerning this matter, p	please call:
GH	Name of Contact Person	at (<u>850</u>) <u>453 5555</u> Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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 Stat statement of change is submitted for a corporation organized under the laws of the State of Fo in order to change its registered office or registered agent, or both, in the State of Flor	1
1. The name of the corporation: TMIAN LAKE HOMEONNESS PASOCIUTION OF ESS. 2. The principal office address: 11784 W Sample PCI. Suff 103	ambia(anizyita
Coras Springs; FL 33065	
3. The mailing address (if different):	222262
 4. Date of incorporation/qualification: DADA DOCUMENT Document number: NOTOOC 5. The name and street address of the current registered agent and registered office on file with a Florida Department of State: (If resigned, enter resigned) 	
United Community Management Corp.	
11784 W Sumple Pd Suite 103	.~.
COXCUS Springs, FL 330105	·.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
myttome Spot. com	्रं
200 N Dare Blud. P.O. Box NOT acceptable	G G
PAOSCOICI, PL 32505	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	egistered agent,
Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	licer so
Roche Keith Stock Signature of an officer or director Roche Keith Stock Printed or typed name and title	(es President
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 compl of my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address. I hereby corporation has been notified in writing of this change.	ete performance gent. Or, if this confirm that the
12-09-23 Date	
Signature of Registeriorizetti	
If signing on behalf of an entity:	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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