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C. GOLDEN AUG 1 2 2019

COVER LETTER

TO: Amendment Section Division of Corporations Weston Community Homeowners Association, Inc. Name of Corporation N 09000005023 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: Name of Contact Person Duval Realty, Inc. Firm/Company 6196 Lake Gray Boulevard, Suite 103 Address Jacksonville, FL 32244 City/State and Zip Code Pat@DuvalRealtyInc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 04 367-1818 ea Code & Daytime Telephone Number Patricia A. Mallard Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of change is submitted for a co	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this orporation organized under the laws of the State of Florida. It office or registered agent, or both, in the State of Florida.
	on Community Homeowners Association, Inc.
2. The principal office address: 6196 l	ake Gray Boulevard, Suite 103
Jacksonville, FL 32244	
3. The mailing address (if different):	
4. Date of incorporation/qualification:	Document number: N 0900005023
	rrent registered agent and registered office on file with the
Duval Realty Inc	·
2980 Hartley Ro	ad, Suite 2
Jacksonville, FL	32257 - 25
6. The name and street address of the ne (if changed):	w registered agent (if changed) and /or registered office [
Duval Realty Inc	PH III
6196 Lake Gray	Boulevard, Suite 103
Jacksonville, FL	P.O. Box NOT acceptable 32244
as changed will be identical.	te and the street address of the business office of its registered agen
Such change was authorized by resolut authorized by the board, or the corpora	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.
lece	Leon Bunkhorst Rusident
Signature of an officer or director I hereby accept the appointment as reg I further agree to comply with the prov performance of my duties, and I am fan agent. Or, if this document is being fil hereby confirm that the corporation ha	Printed or typed hame and title istered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete niliar with and accept the obligation of my position as registered and merely to reflect a change in the registered office address, I s been notified in writing of this change.
Signature of Registered Agent	
If signing on behalf of an entity:	, , ,
Tatricia H. Mala Duval Rearly, till	rd
1 ·	* * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOY 6327, TALLAHASSEE, FL. 32314.