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(Re	questor's Name)			
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COVER LETTER

TO: Amendment Section Division of Corporations					
DELANEY TOWNHOMES HOMEOWNERS ASSOCIATION, INC					
Name of Corporation					
DOCUMENT NUMBER: N1000006520					
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:					
Liam Pool					
Name of Contact Person					
Homevest Management					
Firm/Company					
1300 E. Michigan St					
Address					
Orlando FL 32806					
City/State and Zip Code					
Liam@homevest.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Liam Pool407 \.897-5400					
Liam Pool Name of Contact Person at (407 897-5400 Area Code & Daytime Telephone Number					
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					
P.O. Box 6327 Clifton Building					

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

in ord	ler to change its registered office o	m organized under the laws of the State of or registered agent, or both, in the State of	Florida.		
1. The name of	the corporation: DELANEY TO	DWNHOMES HOMEOWNERS AS nigan St, Orlando FL 32806	SOCIATION	ON. II	NC.
2. The principa	al office address: 1300 L. William	ilgari St, Offarido i E 32000			
3. The mailing	address (if different):				
4. Date of inco	rporation/qualification: 07/06/2	2010Document number: N1000	00006520	0	
	nd street address of the current regi artment of State: (If resigned, enter	istered agent and registered office on file w r resigned)	vith the		
	Scott Stallard		_		
	2407 Kilgore Street		_		
	ORLANDO, FL 32803-6	6118	· · · · · · ·	7 0	
6. The name ar (if changed)	nd street address of the new registe	red agent (if changed) and /or registered of	iffice [20191577.1	
	Liam Pool		_	A.	Ţ-;-
	1300 E. Michigan St		_	AH II: 5	
	Orlando FL 32806	Box/N() Facceptable		57	
The street add as changed wil	ress of its registered office and the	e street address of the business office of i	ts registered	agent,	,
Such change wauthorized by	vas authorized by resolution duly the board, or the corporation has l	adopted by its board of directors or by an been notified in writing of the change.	officer so		
1	iligned by: Stallard	Scott Stallardice Pre	sident		
\$18333	ture of an officer or director F20BC44492	Printed or typed name and if	île		
I further agree performance o agent. Or, if is	r to comply with the provisions of of my duties, and I am familiar wit	gent and agree to act in this capacity. all statutes relative to the proper and con th and accept the obligation of my positio to reflect a change in the registered offic otified in writing of this change.	ni as register	red I	
lam Pool		3/6/2019			
5C2628	ignature of Registered Agent ADE9E7480	Date			
If signing on b	ehalf of an entity:				
	Typed or Printed Name	_			
	* * * FIL1	NG FEE: \$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)