Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000137703)))



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To		E. 6	3010 IAN
To:	Division of Corporations		5
	Fax Number : (850)617-6380	ي جين ج	=
	Tax Name: . (dsa)(ds)		_
From:		· ^ -	
	Account Name : C T CORPORATION SYSTEM	-	
	Account Number : FCA000000023	••	=
	Phone : (614)280-3338		
	Fax Number : (954)208-0845		∞
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JAN 1 5 2019

I ALBRITTON

Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help

\$35.00

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

statement of ch	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org	anized under the laws of the State of	Florida	<u>.</u>	
	er to change its registered office or regi	•			
1. The name of	the corporation: MILLENNIA PARK HO	DRIED WICKS ASSOCIATION, INC.			
2. The principa	office address: 2944 BANCHORY RD,	WINTER PARK, PL 32/92			
3. The mailing	address (if different): C/O P.O. BOX 702	348, DALLAS, TX 75370-2348			
4. Date of incor	poration/qualification: 12/23/2011	Document number: NE1000	011752		
	d street address of the current registered rtment of State: (If resigned, enter resig		vith the		
	CMH MANAGEMENT, LLC				
	2944 BANCHORY RD				
	WINTER PARK, FL 32792			3t 61	Tì
6. The name and street address of the new registered agent (if changed) and /or registered of (if changed):		ffice	2019 JEH 11	1:	
	C T Corporation System		·	H	Γ.
	c/o C T Corporation System, 1200 South Pine Island Road			ά	
	P.O Box NO Plantation, Florida 33324	OT acceptable	· 4	පරි	
The street address changed will	ess of its registered office and the stree be identical.	at address of the business office of it	ts registered	agent,	
Such change wanthorized by the	as authorized by resolution duly adopte the hoard, or the corporation has been p	ed by its board of directors or by an otified in writing of the change.	officer so		
Jan A	re of an officer of director	Lisa Dubois, Secretary Printed or typed name and fit	ti c		
I hereby occept I further agree verformance of vgent. Or, if th hereby confirm	the appointment as registered agent as to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to ref that the corporation has been notified	nd agree to act in this capacity. Itules relative to the proper and con accept the obligation of my position (lect a change in the registered offic in writing of this change.	aplete n as registere ve address, l	ed	
C T Cor ومعتنقسس Bv:	poration System	01/10/2019			
Sig	nature of Registered Agent				
f signing on be	half of an entity:				
Aillennia Parl	Homeowners Association, Inc.				
Ty	ped or Printed Name				
	* * * FILING FI				
	Marrocken avantees Pro	ODIO A DEBARTACISTE OCCURATO			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)