11200011680

(Re	equestor's Name)	
(Ad	Idress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
		!

Office Use Only



900312025019

04/18/18--01026--009 **35.00



APR 1 9 2013 T. LEASIEUX



COVER LETTER

TO: Amendment Section Division of Corporations

TRAILWOODS CONDOMINIUM ASSOCIATION INC

Name of Corporation

DOCUMENT NUMBER: N12000011680

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:

ALTON G. SHEFFIELD, PRESIDENT

Name of Contact Person

Firm/Company

3960 OAK TRAIL RUN OFC 1909

Address

PORT ORANGE, FL 32127

City/State and Zip Code

ALTON.G.SHEFFIELD@GMAIL.COM

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

For further information concerning this matter, please call:

ALTON G SHEFFIELD

_{ar}386 \341-5857

Name of Contact Person

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	he corporation: Trailwoods Condominium Association, Inc.	
2. The principal of	nge, FL 32127	
3. The mailing ac	Idress (if different): N/A	
4. Date of incorp	oration/qualification: 12/03/2012 Document number: N12000011680	
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)	
_	Alexandru Bancila	
	3960 Oak Trail Run # 1909	
· -	Port Orange FL 32127	
6. The name and (if changed):	ne and street address of the new registered agent (if changed) and /or registration office ged):	
	Alton G. Sheffield	
-	3960 Oak Trail Run # 1909	
<u>-</u>	P.O. Box NOT acceptable Port Orange, FL 32127	
The street address as changed will l	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.	
1	President Printed or typed name and title	
I hereby accept to I further agree to performance of agent. Or, if this	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete The duties, and I am familiar with and accept the obligation of my position as registered To document is being filed merely to reflect a change in the registered office address, I That the corporation has been notified in writing of this change.	
Afon Sign	Shell 04/15/2018 ature of Registryd Agent	
If signing on behalf of an entity:		
ALTON Ty	Sheffield ped or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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