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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) PICK-UP (Business Entity Name) (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #)	(Address)
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Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TRAIL WOrds ConDOMINIUM ASSACIATION, Inc. Name of Corporation

DOCUMENT NUMBER: 1/ 120000 /16.80

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:

- KATHY LINCELEY Name of Contact Person CLIFTON MANAGENENT, Inc 1326 2. LIDGEWOOD ADE HIY Address DAYTONA BEACH, FL 32114 City/State and Zip Code

Karlhy marcley O. C. 1. for management . Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Image: March of Contact Person
 at (336) 767-5575

 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

CR2E045 (03/12)

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 Statutes, this statement of change is submitted for a corporation organized under the laws of the State of $\underline{F2c}$ (\underline{iDA}) in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TRAIL WOODS CONDCHINIAM Association, T. n.c.
2. The principal office address: 13.21. 5. Ridge word are # 14
2. The principal office address: 13.21. J. Ringe word and # 14 Day tonic Beach, FL 32114
3. The mailing address (if different):
4. Date of incorporation/qualification: <u>12/03/12</u> Document number: <u>N12000011680</u>
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
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i/

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Printed to typed name and title DRES; de Signature Ar an officer of detector (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 complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

9-12-18 Signature of Registered Agent

If signing on behalf of an entity:

She My K. Cliffen Typed or Printed Name

* * * FILING 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)