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ION SERVICE COMPANY.					
ACCOUNT NO. : 12000000195					
REFERENCE : 168398 7995200					
AUTHORIZATION : Juebole no					
COST LIMIT : \$35.00					
ORDER DATE : June 6, 2014					
ORDER TIME : 9:13 AM					
ORDER NO. : 168398-005					
CUSTOMER NO: 7995200					
CHANGE OF AGENT					
NAME: THE VILLAGE AT PARK PLACE HOMEOWNERS ASSOCIATION, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Emily Gray EXT# 62925					
EXAMINER:					

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

statement of change is sub-	nitted for a corporation org	1502, 607.1508, or 617.1508. Flo canized under the laws of the Sta istered agent, or both, in the Sta	de of Florida	
The name of the corpora	tion: The Village at Park	Place Homeowners Associatio	n, Inc.	
	ress: 9422 Camden Field P			
3. The mailing address (if o	lifferent):			
4. Date of incorporation/qu	alification: 08/20/2013	Document number: N	300007664	
	tate: (If resigned, enter resig	•	file with the	
***************************************	Leland Manage	ement		
6972 Lake Gloria Blvd.				
	Orlando, FL 32	809		
6. The name and street addr (if changed):	ress of the new registered ag	gent (if changed) and /or register	ed office	
Corporation	on Service Company			
1201 Hay	s Street			
P.O. Box NOT acceptable				
Tallahass		FL 32301	Al-Marketing - Space	
The street address of its re- as changed will be identical	gistered office and the stree	et address of the business office	of its registered agent,	
Such change was authorize authorized by the board, or	ed by resolution duly adopt the corporation has been t	ed by its board of directors or bottlined in writing of the change	v an officer so	
Signature of an officer		John Hennebery	President	
I hereby accept the appoint	tment as registered agent of with the provisions of all stop and I am familiar with and t is being filed merely to reporation has been notified a Company	Printed or typed name and agree to act in this capacity at the relative to the proper and accept the obligation of my postflect a change in the registered in writing of this change. Ou DA II) d complete	
If signing on behalf of an e	Name			
	* * * FILING F	EE: \$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)