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6	Filing Officer		
Special Instructions to I	Filing Officer:		

Office Use Only



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T. BROWN

COVER LETTER

TO: Amendment Section Division of Corporations Sandalwood Mobile Home Community Homeowners Association, Inc. Name of Corporation DOCUMENT NUMBER 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: Jeremy Siegel, FRP Name of Contact Person Clayton & McCulloh Firm/Company 1065 Maitland Center Commons Blvd. Address Maitland, FL 32751 City/State and Zip Code

Jeremy Siegel at (407) 875-2655
Name of Contact Person Area Code & Daytime Telephone Number

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

jsiegel@clayton-mcculloh.com

Enclosed is a \$35.00 check made payable to the Department of State.

For further information concerning this matter, please call:

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of FLORIDA		
	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Sandalwood Mobile Home Community Homeowners Associa	ation,	Inc.
2. The principal	office address: 5325 Dianthus St., Zephyrhills, FL 33541		
<u></u>			
3. The mailing a	address (if different): 36055 Begonia Avenue, Zephyrhills, FL 33541		
4. Date of incor	poration/qualification: 02/07/1986 Document number: N13350		
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	Waller, Charles DP.A.		
	38038 Meridian Avenue		ဍ
	Dade City, FL 33526-1668	13	SIV 38
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	3 JUN 21	OKETARY
	RUSSELL E. KLEMM, ESQ.	₽#	골육
	1065 MAITLAND CENTER COMMONS BLVD.	5.	
	P.O. Box NOT acceptable	20	ರ್ಷ
	MAITLAND, FL 32751		٠
	ess of its registered office and the street address of the business office of its registered a be identical.	igent,	
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.		
	ure of an officer or director <u>SEORGE OWENS</u> Printed or ordered name and title		NY
I hereby accept I further agree performance of agent. Or, if th hereby confirm	t 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 myslumes, and Lam familiar with and accept the obligation of my position as registere is also unent is Keing filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	ď	
Sig	gnature of Registered Agent Pate		
If signing on be	ehalf of an entity:		
- 1 - T	yped 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) (13.00)