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(((H22000021962 3)))



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Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			 	

## REGISTERED AGENT CHANGE WOODLAND PARK HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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## **COVER LETTER**

TO:

15129570210

Amendment Section

Division of Corporations
SUBJECT: WOODLAND PARK HOMEOWNERS ASSOCIATION, INC.
value of Corporation
DOCUMENT NUMBER: N14000001966
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:
Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, Texas 78735
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mary Castillo
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  Street Address: Amendment Section

Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 007.0302, 01 unge is submitted for a corporation		7.1508, or 617.1508, F. under the laws of the St	
	er to change its registered office or			
1. The name of	the corporation: WOODLAND PA	RK HOM	EOWNERS ASSOCIA	ATION, INC.
			DRIVE SUITE 35	
	D, FL 32751			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 02/27/20	14	Document number:	N14000001966
	d street address of the current regist rtment of State: (If resigned, enter r NRAI SERVICES, INC.			
	1200 SOUTH PINE ISLAN	ID ROA	)	2027
	PLANTATION	·	FL 33324	2022 JAN
6. The name and (if changed):	d street address of the new registered Registered Agent Solu			• • =
	155 Office Plaza Dr.		Suite A	35
		O Box NOT	•	
	Tallahassee	FL	32301	
			J2501	
as changed will Such change wa authorized by th	ess of its registered office and the special identical.  Is authorized by resolution duly addressed to the corporation has been according to the corporation to the c	opted by it en notified	ss of the business offic	by an officer so ge.
as changed will Such change wa authorized by th	ess of its registered office and the s be identical.	opted by it en notified Jac	ss of the business offices so board of directors or in writing of the change yn Wright, Assistant Sectors of the paid not be the state of the state	by an officer so ge. retary
Such change wa authorized by the	ess of its registered office and the special dentical.  Is authorized by resolution duly added to board, or the corporation has been a form officer or director.	opted by it en notified Jaci ent and agri- statutes re obligation in the regi- unge.	ss of the business offices so board of directors or in writing of the change yn Wright, Assistant Sectors of the paid not be the state of the state	by an officer so ge. retary
Such change was authorized by the signalur hereby ascept for my duties, and for poration has	ess of its registered office and the special interest of the second in the special interest of the corporation has been on the appointment as registered age, or comply with the provisions of all of a maniliar with and accept the special merely to reflect a change been notified in writing of this characteristical Agent	opted by it en notified Jaci ent and agri- statutes re obligation in the regi- unge.	ss of the business offices board of directors or in writing of the changeyn Wright, Assistant Security Printed or Speed number to act in this capacitative to the proper arm of my position as registered office address.	by an officer so ge. retary
Such change was authorized by the signalur hereby awapt of my duties, and corporation has Super the signing on behing the signing the	ess of its registered office and the special interest of the second in the special interest of the corporation has been appointment as registered age, or comply with the provisions of all am familiar with and accept the appointment to reflect a change been notified in writing of this change been notified in writing of this change.	opted by it en notified Jaci ent and agri- statutes re obligation in the regi- unge.	ss of the business offices board of directors or in writing of the change yn Wright, Assistant Secondary Printed or hard ner to act in this capacitative to the proper arm of my position as registered office address, 117/2022	by an officer so ge. retary

\* \* \* 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 (04/13)