## N14000003546

(Requestor's Name)
(Address)
(100.000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
operation to a many officer

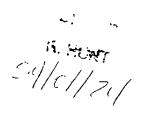
Office Use Only



100426793491

04/01/24--01010--008 \*\*35.00





## **COVER LETTER**.

Division of Corporations	·
SUBJECT: Aulin's Landing at Oviedo Community	y Association, Inc.
Name of Corporation	
DOCUMENT NUMBER: N14000003546	
<del>- 11 1 - 1</del>	ed Office/Agent and fee are submitted for filing.
	_
Please return all correspondence concerning thi	is matter to the following:
Kevin M. Davis	
Name of Contact Person	
Community Management Specialists, Inc.	
Firm/Company	7.3 (a)
71 S. Central Avenue	The state of the s
Address	
Oviedo Florida 32765	
City/State and Zip Code	
kevin@cmsorlando.com	SOF A
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter,	please call:
Kevin Davis	at (407 ) 3597202
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	e Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\ ^{\bullet}$

	e 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
in ord	er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Aulin's Landing at Oviedo Community Association, Inc.
	office address: 71 S. Central Avenue Oviedo FL 32765
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 4/10/2014 Document number: N14000003546
5. The name an	ed street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)
	Vista Community Association Management
	323 Circle Drive
	Maitland, FL 32751
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Community Management Specialists, Inc.
	71 S. Central Avenue
	P.O. Box NOT acceptable  Oviedo, Florida 32765
The street addr as changed wil	ress of its registered office and the street address of the business office of its registered agent,
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
Signa	Nabi   Sidrak 3/15/2024  Dure of an officer or durector Printed or typed name and title
I hereby accep I further agree of my duties, a document is be corporation ha	of the appointment as registered agent and agree to act in this capacity.  It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eingfiled merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
Si	Spature of Registered Agent Date
If signing on b	chalf of an entity:
	KENNM. DWG
	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 (04/13)

ζ.