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REGISTERED AGENT CHANGE VENEZIA SOUTH SINGLE FAMILY ASSOCIATION, INC.

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

	provisions of sections 607.0502, 617.0. ange is submitted for a corporation org			
in ord	er to change its registered office or regi	stered agent, or both, in the State of F		
1. The name of	the corporation: VENEZIA SOUTH SIN	GLE FAMILY ASSOCIATION, INC.		
2. The principa	l office address: 1190 BUSINESS CENTI	ER DRIVE SUITE 2000 LAKE MARY,	FL 32746	
				
3. The mailing	address (if different):			
4. Date of incom	rporation/qualification: 06/04/2014	Document number: N14000	005244	
	d street address of the current registered artment of State: (If resigned, enter resig		th the	
!	SIKES, ROLAND W			
	310 S . DILLARD ST SUITE 120			
	WINTER GARDEN, FL 34787			
6. The name an (if changed):	d street address of the new registered ag	gent (if changed) and /or registered off	DEC 14	7
	CT CORPORATION SYSTEM		(新) (新) ※	ाडा - जड़ी
	1200 South Pine Island Road		9	-127
		OT acceptable	48	
	Plantation, Florida 33324		.,	
The street addr	ess of its registered office and the stree I be identical.	et address of the business office of its	registered agent	•
Such change wauthorized by t	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an contined in writing of the change.	officer so	
Kunbe	ely passet	KIM BAGGETT, SECRETARY		
.,	w: of the officer or official I the appointment as registered agent a to comply with the provisions of all sto f my duties, and I am familiar with and iis document is being filed merely to re that the corporation has been notified	Printed or typed name and title and agree to act in this capacity, atutes relative to the proper and comp accept the obligation of my position flect a change in the registered office in writing of this change.		
By:	rporation System	12/14/2017		
Sig	mature of Registered Agent	Date		
If signing on be	ehalf of an entity:			
	ASSISTANT SECRETARY			
ī	yped or Printed Name			
	* * * FILING F	EE: \$35.00 * * *		

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