## N16000004817

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Special Instructions to	Filing Officer:	



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Office Use Only

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## Wonsetler & Webner, P.A.

860 North Orange Avenue

Suite 135

Attorneys

Orlando, Florida 32801

Office 407-770-0846

Karen Wonsetler, Esq.

Facsimile 407-770-0843

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Email: Sarah@kwpalaw.com

Sarah Webner, Esq.

April 12, 2017

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re:

Change of Registered Agent forms

Dear Sir or Madam,

Please find enclosed a \$210.00 check to cover the charge of a cost for the enclosed Associations' Change of Registered Agent forms [6 in total at \$35.00 per filing].

Should you need anything further in this matter, please do not hesitate to contact me directly.

Sincerely,

Karen Wonsetler

Encl. Payment

Six (6) Change of Reg. Agent forms

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

1. The name of	the corporation: Estates at Lake Pickett Homeowners Assoc. Inc.
	office address: 4901 Vineland Rd., Suite 500 FL 32811
3. The mailing a	address (if different); Same
4. Date of incor	poration/qualification: 05/12/2016 Document number: N16000004817
5. The name and	d street address of the current registered agent and registered office on file with the street of State: (If resigned, enter resigned)
	Resigned
	I street address of the new registered agent (if changed) and /or registered office  Karen Wonsetler, Esq.  860 N. Orange Ave. Suite 135
if changed):	I street address of the new registered agent (if changed) and /or registered office
	Karen Wonsetler, Esq.
	860 N. Orange Ave. Suite 135
	P.O. Box NOT acceptable Orlando, FL 32801
as changed will	
Such change would by it	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.
Sumin	Angel Alfonso, Vice President  Frinted or typed name and title
I hereby accept I further agree performance of agent. Or, if th	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 my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the dorporation has been notified in writing of this change.
nereoy conjirm	4-11-2017
-XX	
Sig	mature of Registered Agent  Phalf of an entity:

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)