

N 16295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

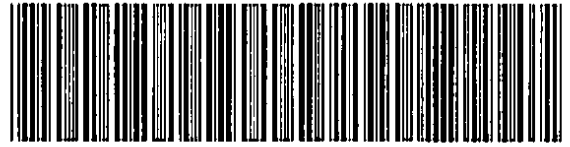
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Hills of Welleby Homeowners Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N16295

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:

Steven S. Valancy

Name of Contact Person

Valancy & Reed, P.A.

Firm/Company

310 SE 13 Street

Address

Ft. Lauderdale, Florida 33316

City/State and Zip Code

general@myflalaw.com

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

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For further information concerning this matter, please call:

Steven S. Valancy at 954 463-1600

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  
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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Hills of Welleby Homeowners Association, Inc.
2. The principal office address: c/o Arenson & Sandhouse, P.A., 809A Coral Ridge Drive, Coral Springs, FL 33071
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/07/1986 Document number: N16295
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Katzman Chandler

6535 Nova Drive, Suite 109

Fort Lauderdale, FL 33317

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Valancy & Reed, P.A.

310 SE 13 Street

P.O. Box NOT acceptable

Fort Lauderdale, Florida 33316

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X [Signature]  
Signature of an officer or director

X KEVIN S. [Signature]  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

X [Signature]  
Signature of Registered Agent

09-13-22  
Date

If signing on behalf of an entity:

Steven S. Valancy

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  
CR2F045 (03/12)

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