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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Carillon Property Owners Association, Inc

DOCUMENT NUMBER: N17238

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:

Sarah Nettles

Name of Contact Person

Jones Lang LaSalle Americas, Inc.

Firm/Company

4830 W. Kennedy Blvd Suite 100

Address

Tampa, FL 33609

City/State and Zip Code

sarah.nettles@am.jll.com

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

For further information concerning this matter, please call:

Sarah Nettles

at (813) 286-4324 Area Code & Daytime Telephone Number

Name of Contact Person

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

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statu organized under the laws of the State of Florid registered agent, or both, in the State of Florid	da	
1. The name of t	the corporation: Carillon Prope	erty Owners Association, Inc		
2. The principal	office address: 4630 VV. Kenn	edy Blvd, Suite 100, Tampa, FL	33609	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 10/9/198	6 Document number: N17238		
	I street address of the current regist rtment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)	ie	
	Paul Jensen			
2001 16th Street No		· · · · · · · · · · · · · · · · · · ·	1 T	
	St. Petersburg, FL 3370	4	AUG H	
6. The name and (if changed):	I street address of the new registere	d agent (if changed) and /or registered office		LED
	Sarah Nettles		25 3 3 3 3 3 3 3 3 3 3	
	4830 W. Kennedy Blvd S	uite 100		
	Tampa, FL 33609	x NOT acceptable		
The street addre		street address of the business office of its regi	istered agen	t.
Such change wa authorized by th	as authorized by resolution duly ad ne board, or the corporation has be-	opted by its board of directors or by an office en notified in writing of the change.	er so	
Derek Recer, President Signature of an officer or director Printed or typed name and title				
I jurther agree to performance of agent. Or, if thi	to comply with the provisions of all my duties, and I am familiar with a	nt and agree to act in this capacity. I statutes relative to the proper and complete and accept the obligation of my position as re o reflect a change in the registered office ada fied in writing of this change.	evistered	
Soud R. Nollles		7/3/2017		
·	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
	aSalle Americas, Inc. its agent			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *