## NICCOUNTE

(Re	questor's N	ame)
(Ad	dress)	
<b>V</b>	,	
(Address)		
(Cit	ry/State/Zip/	Phone #)
PICK-UP	☐ WA	T MAIL
(Bu	siness Entit	y Name)
<u></u>		
(Do	cument Nui	nber)
Certified Copies	_ Certif	cates of Status
Special Instructions to	Filing Office	;;
RA		
	Office U	se Only



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2022 SEP 26 PM 1: 56

r-2011-7

## COVER LETTER

TO: Amendment Sec : Division of Corp	ction porations		
SUBJECT: SAND LAKE Name of Corporation	E SOUND HOMEOWNERS ASS	SOCIATION, INC.	
DOCUMENT NUMBE	:R: <u>N19000001407</u>		
The enclosed Statement of	of Change of Registered Offic	e/Agent and fee are submitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
Jennifer S. Diehl Webb			
Name of Contact Person	. 1117		
DWD Professional Manage	ement, LLC		
Firm/Company		<del></del>	
9419 Tradeport Drive			
Address	<del></del>		
Orlando, FL 32827			
City/State and Zip Code		<del></del>	
· 1	niter@dwdpm.com		
T	used for future annual repor	t notification)	
	concerning this matter, please o		
Jennifer S. Diehl Webb		at (407 ) 251-2200	
Name of	Contact Person	at (407 ) 251-2200 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 che	eck made payable to the Depart	iment of State.	
<u>Mailing Ad</u> Amendine	ddress:	Street Address:	
		Amendment Section	
	of Corporations	Division of Corporations	
P.O. Box 6		The Centre of Tallahassee	
Tallahasse	ee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

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

•		9502, 607.1508, or 617.1508, Florida Statutes, this
•	*	ganized under the laws of the State of Florida
		istered agent, or both, in the State of Florida.
1. The name of t	he corporation: SAND LAKE SOUNE	HOMEOWNERS ASSOCIATION, INC.
2. The principal	office address: 9419 Tradeport Drive. O	Orlando, FL 32827
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 09/01/2022	Document number: N19000001407
	I street address of the current registere tment of State: (If resigned, enter resigned)	d agent and registered office on file with the gned)
	Resigned	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registered office
	DWD Professional Management, LLC	
	9419 Tradeport Drive	
	<u> </u>	Box NOT acceptable
	Orlando, FL 32827	
The street addre	ess of its registered office and the strobe identical.	eet address of the business office of its registered agent,
Such change wa	as authorized by resolution duly ador	oted by its board of directors or by an officer so notified in writing of the change.
0	# D7 6 1	Jeffry Belnap
Signath	e of an officer or director	Printed or typed name and title
I Jurther agree t of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the a ng filed merely to reflect a change in s been notified in writing of this chan	tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this i the registered office address, I hereby confirm that the
Jennifer S. Jennif		Sep 16, 2022
•	nature of Registered Agent	Date
If signing on be	half of an entity:	
Jennifer S. Diehl		
T	sped of Printed Name	NCF. 835.00 + + +
		FEE: \$35.00 * * *
M.	Make CHECKS PAYABLE TO I Ail. to: Division of Corporations	FLORIDA DEPARTMENT OF STATE 5, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)