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Amendment Section

TO:

Division of Corporations SUBJECT: CADENCE PARK HOMEOWNERS ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: N19000006714 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: Kevin Davis Name of Contact Person Community Management Specialists Firm/Company 71 S. Central Ave Address Oviedo, Fl. 32765 City/State and Zip Code Angela@cmsorlando.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kevin Davis

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

Name of Contact Person

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Arca Code & Daytime Telephone Number

CR2E045 (04/13)

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

statement of cha	inge is submitted for a corporation	517.0302, 607.1308, or 617.1308, Florida Stat n organized under the laws of the State of <mark>Flor</mark> r registered agent, or both, in the State of Flor	ida
		CHOMEOWNERS ASSOCIATION, INC.	
	office address: 71 S. Central Ave.		
3. The mailing a	ddress (if different):	1	
4. Date of incom		Document number: N190000067	14
	street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with t resigned)	he
	Rizzetta and Company		
	3434 Colwell Ave.Suite 200		
	Tampa, FL 33614		是
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	
	Community Management Specialis	sts	
	71 S. Central Ave.		700
	0:4 81 22775	P.O. Box NOT acceptable	į į
	Oviedo, Fl. 32765		.*
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its re	gistered agent,
Such change wa authorized by the	as authorized by resolution duly a be board, or the corporation has b	adopted by its board of directors or by an off seen notified in writing of the change.	icer so
Signal Signal	Col ha dricer or director	Diana Cabrera, Presiden	<u>t</u>
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered as comply with the provisions of d I am familiar with and accept in filed merely to reflect a change been notified in writing of this c	gent and agree to act in this capacity. all statutes relative to the proper and comple the obligation of my position as registered as ge in the registered office address, I hereby c change.	te performance zent. Or, if this onfirm that the
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	yped 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 CR2E045 (04/13)