

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will ge	nerate another cover sheet.	FEB
To:		•	200 N
	Division of Corporation	ns	ري. دري ع
	Fax Number : (850)	617-6380	
From:			-ri =
	Account Name : C T C	ORPORATION SYSTEM	で当
	Account Number : FCA00		,
	Phone : (954)	208-0845	
	Fax Number : (614)	573-3996	

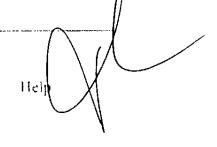
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

REGISTERED AGENT CHANGE AVALON WOODS AT LAKEWOOD RANCH HOMEOWNERS ASSOCIATIO

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of che	ange is submitted for a corp	9502, 617,0502, 607,1508, or 617,1508, Florida Stat oration organized under the laws of the State of <u>FL</u> ffice or registered agent, or both, in the State of Flor	
1. The name of	the gorganism. Avalon Wo	ods at Lakewood Ranch Homeowners Association Inc	
		EE BOULEVARD, 290 ORLANDO, FL 32822	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 08/0:	5/2021 Document number: N2100000936	14
5. The name and		nt registered agent and registered office on file with t	
	LOCHER, KIMBERLY R		. 2 1
	5850 T.G. LEE BOULEVA	RD 200)23FI
	ORLANDO, FL 32822		EB 2
6. The name and (ifchanged):		registered agent (if changed) and /or registered office	2023 FEB 27 AM 7:5
	C T Corporation System		55 21:
	1200 South Pine Island Roa	d	
	Plantation, Florida 33324	P.O Box NOT acceptable	
The street addr	ess of its registered office a libe identical.	and the street address of the business office of its re	gistered agent.
Such change wanthorized by the	as authorized by resolution he board, or the corporation	duly adopted by its board of directors or by an off a has been notified in writing of the change.	icer so
	Man Jalones	Jan Sawaa, Anthonized Person	
Signatu	ire of un officer or director	Printed or typed name and life	
I further agree of my duties, ar document is be	to comply with the provision of Lam familiar with and a ing filed merely to reflect as been notified in writing of System	ered agent and agree to act in this capacity, ons of all statutes relative to the proper and comple ecept the obligation of my position as registered as ethange in the registered office address, I hereby of this change. 02/13/2023	zent. Or, n ous
	gnature of Registered Agent	Date	
If signing on bo	chalf of an entity:		
Terrie Bates, As	sistant Secretary		
1	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, TALLAHASSEF, FL 32314

CR2E045 (04/13)

Ву: