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| (Req | uestor's Name) | | |
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| (Address) | | | |
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| · (City/ | /State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Busi | iness Entity Nan | me) | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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04/17/15--01019--007 **35.00



4/22/15

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|---|--|
| | Foxhaven Neighborhood Associatio | n, Inc. |
| SUBJI | ECT:Name of Co | |
| | N26653 | |
| | JMENT NUMBER: | |
| | aclosed Statement of Change of Registered Office | _ |
| Please | return all correspondence concerning this matter | to the following: |
| | Robert Taylor | |
| | Name of Cor | ntact Person |
| | Becker & Poliakoff | |
| | Firm/Co | mpany |
| | 111 N. Orange Ave. Suite 140 | 0 |
| | Add | ress |
| | Orlando, FL 32801 | |
| | City/State an | d Zip Code |
| | | |
| | E-mail address: (to be used for fi | uture annual report notification) |
| | | |
| For fu | rther information concerning this matter, please of | eall: |
| Robe | ert Taylor | 407 875-0955 |
| | Name of Contact Person | at (407 875-0955 Area Code & Daytime Telephone Number |
| Enclos | sed is a \$35.00 check made payable to the Depart | ment of State. |
| | Mailing Address: Amendment Section | Street Address: Amendment Section |
| | Division of Corporations P.O. Box 6327 | Division of Corporations |
| | Tallahassee, FL 32314 | Clifton Building 2661 Executive Center Circle |
| | , - | Tallahassee, FL 32301 |

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

| 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: Foxhaven Neighborhood Association, Inc. | | |
| 2. The principal office address: 14101 Town Loop Blvd. Orlando, FL 32837 | | |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: 5/27/1988 Document number: N26653 | | |
| 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) | | |
| Taylor & Carls, P.A. | | |
| 150 N. Westmonte Drive | | |
| Altamonte Springs, FL 32714 | | |
| Altamonte Springs, FL 32714 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | |
| Becker & Poliakoff P.A. | | |
| 111 N. Orange Ave. Suite 1400 | | |
| P.O. Box NOT acceptable Orlando, FL 32801 | | |
| 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. | | |
| Downa C. Marmoratre Downa C. MARMORSTONE, SECTY/TREASURE Signature of an officer or director Printed or typed name and little | | |
| 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 carporation has been notified in writing of this change. | | |
| Signature of Registered Agent Date | | |
| If signing on behalf of an entity: | | |
| Robert Taylor, Shareholder Typed or Printed Name | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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