626/2017 partment of State

vision of Corporations Electronic Filing Cover Sheet

2017-06-26 11:18 39 CST

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Division of Corporations

Fax Number : (850)617-5380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (512)418-6949 Fax Number : (954)208-0845

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

Email A	Address:	
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REGISTERED AGENT CHANGE

THE VILLAS AT SOMERSET CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35,00

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S. YOUNG

Electronic Filing Menu — Corporate Filing Menu

Help

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COVER LETTER

TO: Amen Divisi	dment Section on of Corporations	
SUBJECT:	he Villas at Somerset Condominium Associati	ion, Inc.
SUBJECT:_	Name of Co	orporation
DOCUMENT	N30965 NUMBER:	
The enclosed	Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return a	all correspondence concerning this matter	to the following:
	Jennifer Harroff	
	Name of Cont	tact Person
	CIRACONNECT	
	Firm/Cor	mpany
	P.O. ROX 803555	
	Addre	ess
	Dalias, TX 75380	
	City/State and	d Zip Code
	RegisteredAgent@ciramail.com	
	E-mail address: (to be used for fu	ture annual report notification)
	ormation concerning this matter, please or	
Jennifer Harrof	Name of Contact Person	at () 380-3564 Area Code & Daytime Telephone Number
	Name of Confact Person	Area Code & Daytinie Telephone Number
Enclosed is a s	\$35.00 check made payable to the Departm	ment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

CR2E645 (03/12)

An excusionation may be a la Calcan

	provisions of sections 607,0502, 617,0, ange is submitted for a corporation org		
	er to change its registered office or regi	•	
1. The name of	the corporation: The Villas at Somerset C	ondominium Association, Inc.	
2. The principal	Foffice address: 6972 LAKE GLORIA BI	.VD, ORLANDO, Ft. 32809	
3. The mailing a	address (if different): PO BOX 803555, E	DALLAS, TX 75380	
4. Date of incor	poration/qualification: 03/02/1989	Document number: N30965	
	d street address of the current registered riment of State: (If resigned, enter resign		th the
	Leland Management, Inc.		
	6972 LAKE GLORIA BLVD		17
	ORLANDO, FL 32809		
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and for registered off	ice () () () ()
·	C T Corporation System	,	
	c/o C T Corporation System, 1200 South	Pine Island Road	- 1일 : 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1
	P,O Box NC) I acceptable	77 - 1933 193
	Plantation, Florida 33324		
	ess of its registered office and the stree be identical.		
authorized by the	as authorized by resolution duly adopte be board, or the corporation has been no	otified in writing of the change.	
>KiMiculu	(Burgott	Künberly Baggett - Secretary	· .
I hereby accept I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent as the appointment as registered agent as to comply with the provisions of all stamy duties, and I am familiar with and is document is being filed merely to retinat the corporation has been notified.	Pholed of typed mine and after and agree to act in this capacity, states relative to the proper and comp accept the obligation of my position fiect a change in the registered office in writing of this change.	ماماد
By Mad	Secretary	6/26/2017	
If signing on be	half of an entity:	Date	
	ssistant Secretary		· .
	yped or Printed Name		
•	+ 4 + 1711 (5)(2 17)	Cr. Ciz no v v v	

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 (03/12)