## N31884

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	re)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

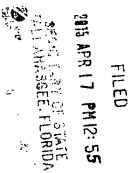
Office Use Only



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## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	Quail Lake Neighborhood Association, Inc.
	Name of Corporation
DOCU	M31884 JMENT NUMBER:
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Robert Taylor
	Name of Contact Person
	Becker & Poliakoff
	Firm/Company
	111 N. Orange Ave. Suite 1400
	Address
	Orlando, FL 32801
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Robe	Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment SectionStreet Address: Amendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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: Quail Lake 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: 4/24/1989 Document number: N31884
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)
Robert Taylor
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 (c) (if changed):
Becker & Poliakoff P.A.
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.
Jenn Fer St. Jean president Jennifer or director Tennifer or director Te
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 Vam 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 corporation has been notified in writing of this change.
Signature of Registered Agent  A 19 15 Date
If signing on behalf of an entity:
Robert Taylor, Shareholder
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, TALLAHASSEE, FL 32314 CR2E045 (03/12)