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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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023
Phone : (850) 205-8842 : (850)878-5368 Fax Number

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

REGISTERED AGENT CHANGE

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$35.00

SWEETWATER CLUB CONDOMINIUM ASSOCIATION, INC.

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AUG 3 0 2016

COVER LETTER

| TO: Amendm Division | ent Section of Corporations | |
|------------------------|---|--|
| SUBJECT: | ETWATER CLUB CONDOMINIUM A | |
| | Name of C | Corporation |
| DOCUMENT N | N39503 UMBER: | |
| The enclosed Stat | tement of Change of Registered Offic | ce/Agent and fee are submitted for filing. |
| Please return all o | correspondence concerning this matte | er to the following: |
| | JENNIFER HARROFF | |
| | Name of Co | ntact Person |
| | CIRACONNECT | |
| • | Firm/C | ompany |
| | P.O. BOX 803555 | |
| · | Add | Iress |
| | DALLAS, TX 75380-3555 | |
| | City/State a | nd Zip Code |
| | REGISTEREDAGENT@CIRAMAIL.C | СОМ |
| | E-mail address: (to be used for t | future annual report notification) |
| For further inform | nation concerning this matter, please | |
| JENNIFER HARR | OFF | at (972 380-3564 Area Code & Daytime Telephone Number |
| Na | ame of Contact Person | Area Code & Daytime Telephone Number |
| Enclosed is a \$35 | .00 check made payable to the Depart | tment of State. |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle |
| | | Tallahassee, FL 32301 |

CR2E045 (03/12)

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. | | | |
|--|--|--|--|
| I. The name of the corporation: SWEETWATER CLUB CONDOMINIUM ASSOCIATION, INC. | | | |
| 2. The principal office address: 5401 KIRKMAN RD, SUITE 310, ORLANDO, FL 32819 | | | |
| 3. The mailing address (if different): | | | |
| 4. Date of incorporation/qualification: 7/8/2015 Document number: N39503 | | | |
| 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) | | | |
| TRUECAM | | | |
| 2926 VINELAND ROAD | | | |
| KISSIMMEE, FL 34746 | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | |
| C T Corporation System | | | |
| 1200 South Pine Island Road | | | |
| P.O. Box NOT acceptable | | | |
| Plantation, Florida 33324 | | | |
| 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 like been notified in writing of the change. | | | |
| XI MDULUX (B) MSCT KIM KIM BERTY BAGGETT | | | |
| I hereby accept the appointment as registered agent and agree to act in this capacity. 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 corporation has been notified in writing of this change. | | | |
| C T Corporation System 8/25/2016 | | | |
| Signature of Registered Agent Date | | | |
| If signing on behalf of an entity: | | | |
| MIKE JONES, ASSISTANT SECRETARY | | | |
| 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)