N40113

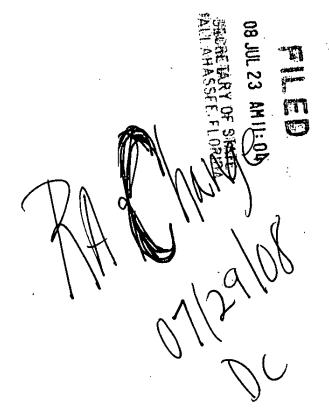
| (F | Requestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
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| () | Business Entity Name) | | | | |
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| 1) | Document Number) | | | | |
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| Certified Copies | Certificates of | Status | | | |
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| Special Instructions t | to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | FO: Amendment Section Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|--|
| SUBJECT: Royal Tee Homeowners' Association, Inc. (Name of Corporation) | | | | | | | |
| DOCU | MENT NUMBER: N40113 | | | | | | |
| The en | closed Statement of Change of Registered Office/Agent | and fee are submitted for filing. | | | | | |
| Please | return all correspondence concerning this matter to the | following: | | | | | |
| | Phyllis Mills | | | | | | |
| (Name of Contact Person) | | | | | | | |
| Royal Tee Homeowners' Association, Inc. (Firm/Company) | | | | | | | |
| 11965 Princess Grace Court (Address) | | | | | | | |
| Cape Coral, FL 33991 (City/State and Zip Code) | | | | | | | |
| For fur | ther information concerning this matter, please call: | | | | | | |
| Edwar | rd Harrington at ((Name of Contact Person) | 239 283-8547 (Area Code & Daytime Telephone Number) | | | | | |
| Enclos | red is a \$35.00 check made payable to the Department o | f 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 | | | | | |

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

| statement of ch | e provisions of sections 607.0302, 617.030 cange is submitted for a corporation organ der to change its registered office or regist | nized under the laws of the State of _F | lorida | this | | | | |
|---|--|--|---------------------|-------------|--------------------|--|--|--|
| 1. The name of | f the corporation: Royal-Tee Homeowners | Association, Inc. | | | | | | |
| 2. The principa | 2. The principal office address: 3015 SW Pine Island Rd., PMB 113-444, Cape Coral, FL 33991 | | | | | | | |
| 3. The mailing | address (if different): | | | | | | | |
| 4. Date of inco | rporation/qualification: 09-24-1990 | Document number: N40113 | | | | | | |
| | nd street address of the current registered a artment of State: | agent and registered office on file with | the | | | | | |
| | Cape Royal Homeowners | | | | | | | |
| | 211 Hancock Bridge Pkwy., Ur | nit 6 PMB 126 | - Ca | _ | | | | |
| | Cape Coral, FL 33991 | | | 08 JUL 23 | | | | |
| 6. The name ar (if changed): | nd street address of the new registered age: | nt (if changed) and /or registered offic | 1388 VI 1 A W TI | | decrees decrees | | | |
| | Phyllis Mills | | FS FS | M 11: 01 | | | | |
| | 11965 Princess Grace Court (P.O. Box NOT acceptable | | | ±0. | Sagar | | | |
| | Cape Coral, FL 33991 | 7) | | | | | | |
| The street add as changed wi | ress of its registered office and the street | t address of the business office of its | regist | ered a | igent, | | | |
| Such change vauthorized by | was authorized by resolution duly adopte the board, or the corporation has been n | ed by its board of directors or by an obtified in writing of the change. | officer | so | | | | |
| (Signa | ature of the officer or director | Edward Harrington, President (Printed or typed name and til | ile) | | | | | |
| I hereby accep I further agree of my duties | ot the appointment as registered agent as to comply with the provisions of all sta and I am familiar with and accept the ob- eing filed merely to reflect a change in the as been notified in writing of this change | tutes relative to the proper and complication of my position as registered | agent | Or | if thic | | | |
| N. hyl. | li Mills | 07-07-2008 | | | | | | |
| | Signature of Registered Agent) | (Date) | | | | | | |
| If signing on b | pehalf of an entity: | | | | | | | |
| Phyllis Mills | (Typed or Printed Name) | | | | | | | |
| | (ryped of Frince Hance) | | | | | | | |

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