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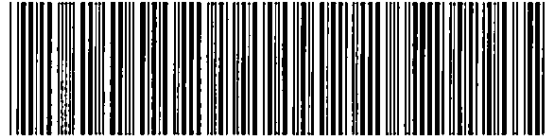
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BOSWELL & DUNLAP^{LLP}

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±: Board Certified, City, County, Local
Government Law

+ Board Certified, Criminal Trial

February 8, 2024

Via first class mail

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

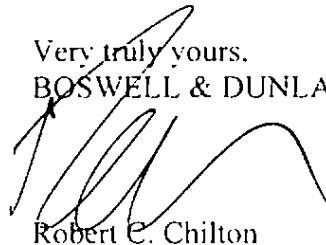
Re: Loma Del Sol Homeowners' Association, Inc.
Document Number: N92000000331

RECEIVED
FEB 12 AM 11:47
TALLAHASSEE, FL
DIVISION OF STATE

Dear Sir or Ma'am:

Please find enclosed for filing, the *Statement of Change of Registered Office of Registered Agent or Both for Corporations* for Loma Del Sol Homeowners' Association, Inc. Also enclosed is my firm's check, payable to the Department of State, in the amount of \$35.00 for payment of the filing fee. If you have any questions, do not hesitate to contact me.

Very truly yours,
BOSWELL & DUNLAP LLP



Robert C. Chilton

Enclosures (as stated)
cc: Client

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Loma Del Sol Homeowners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N9200000331

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert C. Chilton, Esq.
Name of Contact Person

Boswell & Dunlap LLP
Firm/Company

245 South Central Ave
Address

Bartow, FL 33830
City/State and Zip Code

robert@bosdun.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert C. Chilton, Esq. at (863) 533-7117
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

**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: Loma Del Sol Homeowners' Association, Inc.
2. The principal office address: 937 Via Bianca Dr., Davenport, FL 33896
3. The mailing address (if different): PO Box 460, Loughman, FL 33858
4. Date of incorporation/qualification: 11/18/1992 Document number: N92000000331
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)

Rachel Carlson
937 Via Bianca Drive
Davenport, FL 33896

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert C. Chilton, Esq.
245 South Central Ave.
Bartow, FL 33830

2006 FEB 12 AM 11:47
OFFICE
OF THE
ATTORNEY GENERAL
TALLAHASSEE, FL

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.

X Louis J. Kenda
Signature of an officer or director

Louis Karellas, President
Printed or typed name and title

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.

corporation has been notified in writing of this c



Signature of Registered Agent

February 6, 2024
Date

If signing on behalf of an entity:

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 (04/13)

CR2E045 (04/13)