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

Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations

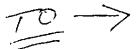
SUBJECT: Carillon Property Owners Association II, Inc

Name of Corporation

DOCUMENT NUMBER: N9300000879

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:



## Sarah Nettles

Name of Contact Person

Jones Lang LaSalle Americas, Inc.

Firm/Company

4830 W. Kennedy Blvd Suite 100

Address

Tampa, FL 33609

City/State and Zip Code

sarah.nettles@am.ill.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Nettles

Name of Contact Person

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308. Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
I. The name of	the corporation: Carillon Property Owners' Association II, Inc	
2. The principal	office address: 4830 W. Kennedy Blvd, Suite 100, Tampa, FL 33609	
3. The mailing a	address (if different):	
4. Date of incor	rporation/qualification: 2/18/1995 Document number: N9300000879	
	d street address of the current registered agent and registered office on file with the irtment of State: (If resigned, enter resigned)	
	Paul Jensen	
	2001 16th Street North	
	St. Petersburg, FL 33704	
6. The name an (if changed):	65°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°°	' !
	Sarah Nettles  4830 W. Kennedy Blvd Suite 100	: -
	PO Box SOI acceptable	- 5
	Tampa, FL 33609	
The street addr	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
	ras authorized by resolution duly adopted by its board of directors or by an officer so	
Negrati	Alex Young, President Printed or typed name and title	
I hereby accept I further agree performance of agent. Or, if th	of the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address. I that the corporation has been notified in writing of this change.	
	July 3, 2017	
	gnature of Registered Agent Date	
- +	ehalf of an entity:	
	ASalle Americas, Inc. as Agent 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)