## N9400000035KR

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



000274042920

06/26/15--01017--022 \*\*35.00

15 JUN 26 AM 11:38

SECRETARY OF STAFF

JUL 7 2015 C LEWIS

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Colony of the Lakes Homeowners Association Inc.

Name of Corporation

DOCUMENT NUMBER: N94000003512

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:

## Name of Contact Person AegisCommunity Managment Solutions Inc. Firm/Company 8390 Championsgate Blvd. Suite 304 Address Championsgate, FL 33896

City/State and Zip Code

kkirk@aegiscms.com

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

For further information concerning this matter, please call:

Karin Kirk

Name of Contact Person

Name of Contact Person

at (

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo er to change its registered office or regis	anized under the laws of the State of	f <mark>FL</mark>
2. The principal	the corporation: The Colony of the office address: 8390 Champions onsgate, FL 33896		ssociation Inc.
3. The mailing a	address (if different): 8390 Champ ionsgate, FL 33896	ionsgate Blvd. Suite 304	
	poration/qualification: 1994	Document number: N940	00003512
5. The name and	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office on file	
	Leland Management Inc.		_
	6972 Lake Gloria Blvd		
	Orlando, FL 32809		SECI
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered o	نهارت ت
	Aegis Community Managm	nent Solutions Inc.	OF STATE
	8390 Championsgate Blvd	. Suite 304	ය ලිස ස
		DT acceptable	-
	Championsgate, FL 33896		_
_	ess of its registered office and the stree be identical.		
Such change was authorized by the	as authorized by resolution duly adopted to board, or the corporation has been n	ed by its board of directors or by an otified in writing of the change.	n officer so
	ire of an officer or director	JAMES A. D	en Liv
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent a to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to re that the corporation has been notified	ind agree to act in this capacity. Itutes relative to the proper and co accept the obligation of my position flect a change in the registered off in writing of this change.	omplete on as registered fice address, I
	18u	5-29-2015	
	enature of Registered Agent	Date	
	chalf of an entity:		
David L. Bu	yped or Printed Name		
	* * * FILING F	EE: \$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)