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COVER LETTER

TO: Amendment Section Division of Corporations

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SUBJECT: Ine VIIIage Of Lexinton Property (Name of Corpo	Owners' Association, Inc
DOCUMENT NUMBER: N9400003813	
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return all correspondence concerning this matter to the	he following:
Kelly Anne (Name of Contact	<u>Walsh</u>
(Name of Contact	Person)
Schlitt Property N	Management
(Firm/Compa	nny)
4007 N High	ναν Δ1Δ
4007 N Highy . (Address)	vay ATA
Fort Pierce, (City/State and Zi	FL 34949 p Code)
For further information concerning this matter, please call:	
Keliv Anne Walsh	·
Kelly Anne Walsh (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Departmen	t of State.
Mailing Address:	Street Address:
Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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 in order to change its registered office or registered agent, or both, in the State of Florida.
آلاد 1. The name of the corporation: Village of Lexington Property Owners' Association, Inc.
2. The principal office address: 4007 N Highway A1A
Fort Pierce, FL 34949
3. The mailing address (if different):
4. Date of incorporation/qualification: 08/01/1994 Document number: N9400003813
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)
Schlitt Property Management
3240 Cardinal Dr., #200
Vero Beach, FL 32966
Vero Beach, FL 32966 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Schlitt Property Management
Schlitt Property Management
4007 N Flyriway ATA
(P.O. Box NOT acceptable)
Fort Pierce, FL 34949
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.
(Signature of an officer or director) (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. (Signature of Registered agent) (Dute)
Typed or Printed Name)

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