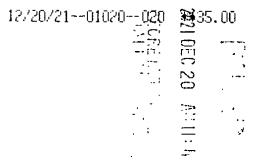
## N94000004565

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

Office Use Only



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## **COVER LETTER**

TO:	Amendment Section	
	Division of Corporations	•
SUBJ	ECT: The Chapman Groves Homeowners A	association, Inc.
Name	of Corporation	
	NO400004545	
DOC	JMENT NUMBER: N94000004565	
The en	closed Statement of Change of Register	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning th	is matter to the following:
Kevin :	M. Davis	
Name	of Contact Person	_ <del></del>
Comm	unity Management Specialists, Inc.	
Firm/C	ompany	
71 Sou	th Central Avenuc	
Addres	S	· <del></del>
Oviedo	, Florida 32765	
City/Si	ate and Zip Code	<del></del>
	kevin@cmsorlando.com	
E-mai	address: (to be used for future annu-	al report notification)
For fur	ther information concerning this matter,	please call:
Kevin I	Davis	at (407 \ \3597202
	Name of Contact Person	at (407 )3597202  Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the	e Department of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	•	Tallahassee, FL 32303

CR2E045 (04/13)

## 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
. The name of the corporation: The Chapman Groves Homeowners Association, Inc.
2. The principal office address: 71 South Central Avenue Oviedo. Florida 32765
3. The mailing address (if different):
Date of incorporation/qualification: 09/12/1994 Document number: N94000004565
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)
Empire Management Group
801 N. Main Street
Kissimmee, FL 34744
The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Community Management Specialists, Inc.
71 S. Central Avenue
P.O. Box NOT acceptable
Oviedo, Florida 32765
The street address of its registered office and the street address of the business office of its registered agent, s changed will be identical.
uch change was authorized by resolution duly adopted by its board of directors or by an officer so uthorized by the board, or the corporation has been notified in writing of the change.
Deborant Persampine Deborah Persampiere Signature of an othicer or director Printed of typed name and title
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performance f my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this ocument is being filed merely to reflect a change in the registered office address, I hereby confirm that the orporation has been notified in writing of this change.
Signature of Registered Agent  12/13/2/ Date
signing on behalf of an entity:  KKVIN M. BAVIS
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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