(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT ☐ MAIL			
(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				

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B WELLE AUS 1 (1.1 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 939206 8346014				
AUTHORIZATION: Spelle le man				
COST LIMIT : \$ '35 NOO				
ORDER DATE : August 2, 2021				
ORDER TIME : 11:04 AM				
ORDER NO. : 939206-029				
CUSTOMER NO: 8346014				
CHANGE OF AGENT				
NAME: CYPRESS PALMS CONDOMINIUM				
ASSOCIATION, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland EXT#				

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organi	zed under the laws of the State of Florid	a
		red agent, or both, in the State of Florida.	1
i. The name of t	he corporation: CYPRESS PALMS CON	NDOMINIOM ASSOCIATION, INC.	
2. The principal	office address: 5324 Fairfield Lake Drive	, Klssimmee, FL 34746	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: 01/13/1995	Document number: N9500000020	13
	street address of the current registered ag tment of State: (If resigned, enter resigned		
	Corporate Creations Network, Inc.		
	801 US Highway 1		``
	North Palm Beach, FL 33408		•
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office	<u></u>
	Corporation Service Company		-1
	1201 Hays Street		<u></u>
	P.O. Box	NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the street a be identical.	address of the business office of its regis	tered agent,
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been not	by its board of directors or by an officer ified in writing of the change.	r so
Robella Frasjer		Rebecca Frasier, Secretary & Treasure	er
I hereby accept I further agree t of my duties, an document is beit corporation has Corporation By:	Service Company	Finited or typed name and title I agree to act in this capacity, tes relative to the proper and complete pation of my position as registered agen registered office address, I hereby conf	performance t. Or, if this firm that the
	Asst. Vice President		
iy	* * * FILING FE.	E: \$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)