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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORP SERVICES INC

Account Number: I20120000007

Phone Fax Number

: (702)866-2500 : (702)866-2689

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

REGISTERED AGENT CHANGE ORANGEWOOD CENTER COMMERCIAL PROPERTY OWNERS ASSOCIA

Certificate of Status	0
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ORANGEWOOD CENTER COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.
Name of Corporation
DOCUMENT NUMBER: N95000001257
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:
Jackie DeFilippis
Name of Contact Person
InCorp Services, Inc.
Firm/Company
3773 Howard Hughes Pkwy. · Suite 500S
Address
Las Vegas, NV 89169-6014
City/State and Zip Code
Documents@incorp.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jackie DeFilippis on behalf of InCorp Services, Inc. Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

H210000803523

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

statement of cha	provisions of sections 607.0 nge is submitted for a corpo r to change its registered of	oration organized und	ler the laws of the State	e ofFL
1. The name of t	he corporation: ORANGEW	OOD CENTER COMM	MERCIAL PROPERTY	OWNERS ASSOCIATION, INC.
	office address: 6960 bres			
3. The mailing a	ddress (if different):	···	···	
4. Date of incorp	poration/qualification:	03/16/1995 D	ocument number.	N95000001257
	i street address of the currer trnent of State: (If resigned		l registered office on fi	
	Orange wood			921
	6960 Brescia Way			2021 [7:3]
	Orlando, 32819			26
6. The name and (if changed):	l street address of the new r	egistered agent (if cha	unged) and /or registere	
	InCorp Services, Inc.			Lt. 1
	17888 67th Court North	n		
	Loxahatchee, FL 33476	P.O. Bax NOT ex.	eptable	
The street address changed will	ess of its registered office a be identical.	and the street address	of the business office	e of its registered agent,
_	as authorized by resolution se board, or the corporation			
/ =_	ح_و		l Ferland, President	t .
I hereby accept I further agrée :	te of an officer or director the appointment as registe to comply with the provision and I am familiar with and a ing filed merely to reflect a s been notified in writing o	ered agent and agree ons of all statutes reli ccept the obligation change in the regist f this change.	to act in this capacity to act in this capacity tlive to the proper and of my position as regi ered office address, I	v. d complete performance
<u> </u> 	Waling D		February 26	5, 2021
(5)	nature of Registered Agent		Date	
If signing on be	half of an entity:			
	behalf of InCorp Services, I	nc.		
	yped 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)