

5/16/2018



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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address: _____

REGISTERED AGENT CHANGE
ALHAMBRA VILLAS CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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2018 MAY 16 AM 11:15
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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.

1. The name of the corporation: ALHAMBRA VILLAS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 500 CYPRESS PARKWAY, KISSIMMEE, FL 34759
3. The mailing address (if different): 10630 W. Charleston Blvd, Las Vegas, NV 89135
4. Date of incorporation/qualification: 2/19/1996 Document number: N96000000871
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)

F & L CORP.

ONE INDEPENDENT DR STE 1300

JACKSONVILLE, FL 32202-5017

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

National Registered Agents, Inc.

c/o National Registered Agents, Inc., 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

William R. LeVrier
Signature of an officer or director

William R. LeVrier
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.

C T Corporation System

By: Michael Jones
Signature of Registered Agent

5/4/18

Date

If signing on behalf of an entity:

Michael Jones, Assistant Secretary
Typed or Printed Name

*** FILING FEE: \$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)