N96000005169

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





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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: The Villas at Wilshire Lakes Homeowr	ners Association. Inc		
Name of Corporation			
DOCUMENT NUMBER: N96000005169			
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
Robert Smedley			
Name of Contact Person			
Paramont Property Management			
Firm/Company			
5629 Strand Blvd. Ste 412			
Address			
Naples, FI 34110			
City/State and Zip Code			
rsmedley@paramontproperty	y.com		
E-mail address: (to be used for future annua	l report notification)		
For further information concerning this matter.	please call:		
Robert Smedley	at (239) 734-3200 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	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	mized under the laws of the	State of Florida	_
1. The name of	the corporation: The Villas at Wilshire Li	akes Homeowners Association	on, Inc	
2. The principal Naples, FL 3411	office address: 5629 Strand Blvd. Ste 412	2		_
3. The mailing a	address (if different):			<u> </u>
	poration/qualification: 10/09/1996			
5. The name and	d street address of the current registered rtment of State: (If resigned, enter resign	agent and registered office		
	Moore Property Management, LLC			
	5603 Naples Blvd			
	Naples, FL 34109		2020 S	***
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or reg	SECKE IAR YOUR TALL AHASSE	change
	Paramont Property Management, LLC		- SEP	وم و و من الم
	5629 Strand Blvd. Ste 412		で記る。一	restingly.
	PO Bo Naples, FL 34110	NOT acceptable	TO THE COLOR	your
The street addre	ess of its registered office and the street be identical.	address of the business o		
Such change wa authorized by th	as authorized by resolution duly adopted be board, or the corporation has been no	d by its board of directors otified in writing of the ch	or by an officer so ange.	
Michigan	IMMA 1	Joe Southerland, Presiden		
I hereby accept I firther agree to of my duties, and document is bein	the appointment as registered agent an occupied with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the beginn of this change.	utes relative to the proper igation of my position as) ie registered office addres		mce this the
Con	O brigaria.	9/04/2020		
•	half of an entitys	Date		_
Robert Smedley	~			
Ty	ped or Printed Name			

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