## N98000001837

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RIA CH ST

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of ar to change its registered office or registered agent, or both, in the State of I	Florida
1. The name of	the corporation: Kensington Park Homeowners' Association,	Inc.
	office address: 5756 S. Semoran Boulevard, Orlando, FL 3	
3. The mailing a	address (if different): Same as above	
4. Date of incorp	poration/qualification: 03/27/1998 Document number: N9800	00001837
5. The name and	d street address of the current registered agent and registered office on file wrtment of State: (1f resigned, enter resigned)	rith the
	Leland Management	<b>=</b> − −
	6972 Lake Gloria Blvd	6 AU F
	Orlando, FL 32809	TARY O
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	F STA STA STA STA STA STA STA STA STA STA
	House of Management Enterprises for Community Associations, Inc.	TE ADA
	5756 S Semoran Boulevard	
	P.O. Box NOT acceptable Orlando, FL 32822	
The street address changed will	ess of its registered office and the street address of the business office of it be identical.	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so
U	Robert O. Kvohn - Printed or typed name and til	ile
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and confiny duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.	nplete n as registered ce address, l
_(	mature of Registered Agent Date	· · ·
	chalf of an entity:	DECELLA E
T	yped or Printed Name	M AUG 0 4 2016

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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