| (Requestor's Name)<br>(Address)         | 100307056431   |
|---|--|
| (Address)                               | 100307030431   |
| (City/State/Zip/Phone #)                | 12/23/1701019024 ★★S5.00                                 |
| (Document Number)                       |  |
| Certified Copies Certificates of Status |  |
| Special Instructions to Filing Officer: | FILED<br>17 DEC 29 PH 2:30<br>MEDATE DATE<br>MEDATE DATE |
|   | R. WHITE<br>JAN 0 3 2018                                 |

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Chase Touchomes Homewners Assoc. DOCUMENT NUMBER: N9900006285

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:



For further information concerning this matter, please call:



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 <u>Street Address:</u> Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## 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 <u>Florida</u> \_\_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

| I. The name of the corporation: (MUSC TOWNAMES HOM-POWNARS ASSOC.  |  |  |
|--|--|--|
| 2. The principal office address: 206 SEIM MC   |  |  |
| Sanford, FL 30772  |  |  |
| 3. The mailing address (if different): POBOX 1569  |  |  |
| Sanfurd, R 32772   |  |  |
| 4. Date of incorporation/qualification: 101301 (991 Document number: N99.000000385   |  |  |
| 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) |  |  |
| Thereia mc Daven Garganele Weiss +   |  |  |
| Thereia McDowen Garganese Weiss -<br>9+1 NOrcinse Ave Ste # 2000   |  |  |
| Orlando, FL 32501 ====================================   |  |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office  |  |  |
| All About Management Inc.  |  |  |
| 206 S. Elm Ave   |  |  |
| Sanford, FL 32771  |  |  |
| 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 of the corporation has been notified in writing of the change.

| Ex.   | 15/11/17  |
|---|---|
| Phalue of an officer or director  | Printed or typed name and title   |
| I hereby accept the appointment as registered agent and<br>I further agree to comply with the provisions of all stati<br>performance of my durfus, and I am familiar with and a<br>agent. Or fif this document is theinefilled merely to refle<br>hereby confirm that the corporation has been hotified in<br>Signature of Registered Agent<br>If signing on behalf of an entity: | d agree to act in this capacity,<br>des relative to the proper and complete<br>ccept the obligation of my position as registered<br>ect a change in the registered office address, 1<br>i writing of this change. |

Typed or Printed Name

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