

756953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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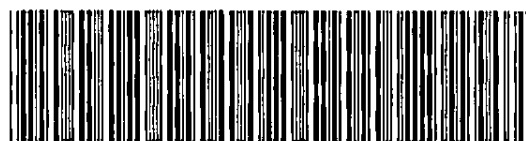
(Business Entity Name)

(Document Number)

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R/A-CH

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Riverbend Homeowners Association of Lee County, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 59-2608085 756 953

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:

Mark Axford

Name of Contact Person

Compass Rose Management

Firm/Company

1227 Del Prado Blvd. S. #201

Address

Cape Coral, FL 33990

City/State and Zip Code

mark@compassrosemanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Axford

Name of Contact Person

at (239) 309-0622

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  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Riverbend Homeowners Association Of Lee County, Inc.
2. The principal office address: C/O Compass Rose Management  
1227 Del Prado Blvd. S. #201, Cape Coral, FL 33990
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 03/25/1981 Document number: 756953
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)

Mark Axford GSC, LLC D/B/A Gulf Shore CAM

1357 N. Tamiami Trail A

N. Fort Myers, FL 33903

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

Mark Axford: Compass Rose Management

1227 Del Prado Blvd/ S. #201

P.O. Box NOT acceptable

Cape Coral, FL 33990

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.

Carol M. Putney  
Signature of an officer or director

Carol Putney, PD  
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.*

Mark Axford  
Signature of Registered Agent

11/13/2017

Date

If signing on behalf of an entity:

Mark Axford

Typed or Printed Name

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

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17 NOV 20 AM 11:14  
TALLAHASSEE, FLORIDA