

N180000000707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

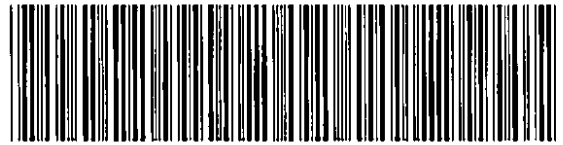
(Business Entity Name)

(Document Number)

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2022 APR -6 AM 10:04

SECRETARY OF STATE  
ALLAHASSEE, FL

R. Albritton

2022 APR -6 PM 3:29

APR 07 2022  
ALBRITTON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 600335 7285802  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

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ORDER DATE : April 6, 2022  
ORDER TIME : 2:07 PM  
ORDER NO. : 600335-015  
CUSTOMER NO: 7285802

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CHANGE OF AGENT

NAME: ESTERO GRANDE PROPERTY OWNERS  
ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: *[Signature]*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Estero Grande Property Owners Association, Inc.  
Name of Corporation \_\_\_\_\_

**DOCUMENT NUMBER:** N18000000707  
\_\_\_\_\_

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:

Ben Engel  
Name of Contact Person \_\_\_\_\_  
ECI Group  
Firm/Company \_\_\_\_\_  
2100 Powers Ferry Rd, suite 200  
Address \_\_\_\_\_  
Atlanta, GA 30339  
City/State and Zip Code \_\_\_\_\_  
bengel@ecigroups.com

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

For further information concerning this matter, please call:

Ben Engel \_\_\_\_\_ at ( 678 ) 358-3222  
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  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Estero Grande Property Owners Association, Inc.
- 2. The principal office address: 2100 Powers Ferry Road, Suite 200  
Atlanta, GA 30339
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 01/22/2018 Document number: N18000000707
- 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)

Marcos Crepaldi  
23421 Walden Center Dr Ste 300  
Estero, FL 34134

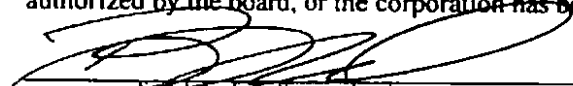
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company  
1201 Hays Street  
P.O. Box NOT acceptable  
Tallahassee, FL 32301

2022 APR - 6 AM 10: 04  
 STATE DEPARTMENT OF STATE  
 TALLAHASSEE, FL  
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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.

  
 \_\_\_\_\_  
Signature of an officer or director

Ben Engel Treasurer  
 \_\_\_\_\_  
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.*

Eylina Baker  
 \_\_\_\_\_  
Assistant Vice President  
 Signature of Registered Agent

04/06/2022  
 \_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)