

Florida Department of State  
Division of Corporations  
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**N2/00002815**

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

2022 JAN 18 AM 8:21

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**REGISTERED AGENT CHANGE  
TOWNHOMES AT WESTVIEW HOMEOWNERS ASSOCIATION,  
INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

C. BRUMBLEY  
JAN 19 2022

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOWNHOMES AT WESTVIEW HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N21000012815

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:

**Mary Castillo**

Name of Contact Person  
Registered Agent Solutions, Inc.  
Firm/Company  
Corporate Center One, 5301 Southwest Pkwy, Ste 400  
Address  
Austin, Texas 78735  
City/State and Zip Code

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

For further information concerning this matter, please call:

**Mary Castillo** at (888) 705-7274  
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

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**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: TOWNHOMES AT WESTVIEW HOMEOWNERS ASSOCIATION, INC.
- 2. The principal office address: 2600 LAKE LUCIEN DRIVE, SUITE 350  
MAITLAND, FL 32751
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 11/03/2021 Document number: N21000012815
- 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)

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

Registered Agent Solutions, Inc.  
155 Office Plaza Dr. Suite A  
P.O. Box NOT acceptable  
Tallahassee FL 32301

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 TALLAHASSEE, FL

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.

Jadyn Wright  
 Signature of an officer or director

Jadyn Wright, Assistant Secretary  
 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.

Mackenzie Hart  
 Signature of Registered Agent

01/14/2022  
 Date

If signing on behalf of an entity:

Mackenzie Hart, Assistant Secretary  
 Typed or Printed Name

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