

To:

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2024-01-11 06:12:46 PST

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From: Kaity Toon

**N21000014366**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Division of Corporations

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TALLAHASSEE, FL

**REGISTERED AGENT CHANGE  
SIMMONS TRACE HOMEOWNERS ASSOCIATION, INC.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 02      |
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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: SIMMONS TRACE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 11 Dupont Circle NW, FL 9  
Washington, DC 20036
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/16/2021 Document number: N21000014366
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)

LELAND MANAGEMENT6927 LAKE GLORIA BLVDORLANDO, FL 32809

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

C T Corporation System1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, Florida 33324

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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.

Melissa Bruce  
Signature of an officer or director

MELISSA BRUCE

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.

C T Corporation System

By:

Sean L. Emerick  
Signature of Registered Agent

01/05/2024

Date

If signing on behalf of an entity:

SEAN L. EMERICK, ASSISTANT SECRETARY

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)