

N93 000000 1999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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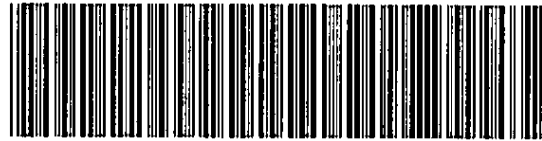
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JUL 26 2022

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SECRETARY OF STATE
TALLAHASSEE, FL

JUL 26 AM 11:25

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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2022 JUL 26 AM 10:33

SEI
TALLAH. S. C. FL

July 14, 2022

BARBARA E. MUENKS
1800 VISTA ROYALE BLVD
ORLANDO, FL 32835

SUBJECT: VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N93000001999

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas
Regulatory Specialist II

Letter Number: 822A00015686

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: ^N93000001999

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:

Barbara E. Muenks
Name of Contact Person
VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.
Firm/Company
1800 Vista Royale Blvd.
Address
Orlando, FL 32835
City/State and Zip Code
bmuenks@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara E. Muenks at (407) 492-6275
Name of Contact Person Area Code & Daytime Telephone Number

~~Enclosed is a \$35.00 check made payable to the Department of State.~~ - PREVIOUSLY RECEIVED
PER ENCLOSED LETTER

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: VISTA ROYALE HOMEOWNERS' ASSOCIATION, INC.

2. The principal office address: 1800 Vista Royale Blvd., Orlando, FL 32835

3. The mailing address (if different): Same

4. Date of incorporation/qualification: April 30, 1993 Document number: OR4573 PG2093 193000001999

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)

Steven M. LaBret, Esq.
501 N. Magnolia Ave., #A10B
Orlando, FL 32801

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

Eryn M. McConnell, Esquire
801 N. Orange Ave., Suite 500
Orlando, FL 32801-1014
P.O. Box NOT acceptable

SECRETARY 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.

Barbara E. Muenks
Signature of an officer or director

Barbara E. Muenks, President
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.

[Signature]
Signature of Registered Agent

7/22/2002
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)