

N94 000000 090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

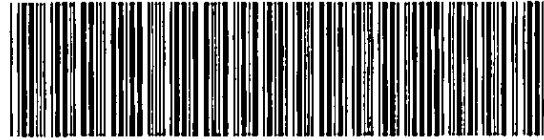
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700376298087

11/08/21--01032--010 **35.00

STATE OF MISSISSIPPI
RECORDS SECTION

2021 NOV -8 AM 9:01

FILED

Ⓢ

C. BRUMBLE

NOV 5 11 40 AM

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fairway Oaks, The Greens, and The Reserve at Pelican Pointe Property Owners Association, Inc
Name of Corporation

DOCUMENT NUMBER: N9400000090

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:

Shana J. Shields
Name of Contact Person
Law Offices of Wells | Olah | Cochran, P.A.
Firm/Company
3277 Fruitville Road, Building B
Address
Sarasota, FL 34237
City/State and Zip Code

kwells@kevinwells.com

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

For further information concerning this matter, please call:

Shana J. Shields at (941) 366-9191
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: Fairway Oaks, The Green, and The Reserve at Pelican Pointe Property Owners Association, Inc.

2. The principal office address: 530 U.S. HWY 41 BYPASS SOUTH, 9B, VENICE, FL 34285

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/06/1994 Document number: N9400000090

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)

WELLS, KEVIN
1800 2ND STREET, 808
Sarasota, FL 34236

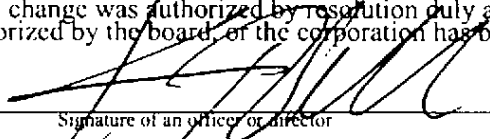
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Law Offices of Wells | Olah | Cochran, P.A.
3277 Fruitville Road, Building B
Sarasota, FL 34237
P.O. Box NOT acceptable

FILED
2021 NOV - 8 AM 9:01
TALLAHASSEE, FLORIDA

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

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 of Registered Agent

11/3/2021
Date

If signing on behalf of an entity:
Kevin T. Wells
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)