N96000004188

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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(Business Entity Name)					
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(Document Number)					
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COVER LETTER

TO:

Amendment Section Division of Corporations

SIGNATURE ESTATES HOMEOWNERS ASSOCATIONS, INC.				
Name of Corporation				
DOCUMENT NUMBER: N9600004188				
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:				
VINCENT ADDONISIO				
Name of Contact Person				
SIGNATURE ESTATES HOMEOWNERS ASSOCIATIONS, INC.				
Firm/Company				
312 SIGNATURE TERRACE				
Address				
SAFETY HARBOR, FL 34695				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
VINCENT ADDONISIO Name of Contact Person Area Code & Daytime Telephone Number				
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, in mized under the laws of the State of Florida tered agent, or both, in the State of Florida.	this ———
1. The name of	the corporation: SIGNATURE EST	TATES HOMEOWNERS ASSOCIA E TERRACE SAFETY HARBOR,	TION, INC FL 34695
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 08/09/1996	Document number: N960000041	88
	d street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ed)	
	RESIGNED		
			SIA10
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered office	AUG 10
	VINCENT ADDONISIO		AH IO:
	312 SIGNATURE TERRACE		
	SAFETY HARBOR, FL 3469	·	o ∰
The street addre as changed will	ess of its registered office and the street be identical.	address of the business office of its registere	ed agent,
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of directors or by an officer so tified in writing of the change.	ı
*Vincle	un Hadenisio re of an officer or director	VINCENT ADDONISIO, SECRET	ARY
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	the appointment as registered agent an to comply with the provisions of all stat my duties, and I am familiar with and a is document is being filed merely to refl that the copporation has been notified i	nd agree to act in this capacity, utes relative to the proper and complete accept the obligation of my position as regist lect a change in the registered office address in writing of this change.	tered s, I
Vince	Addenses	AUGUST 5, 2015	
	nature of Registered Agent half of an entity:	Date	
. signing on oci	nan or an omity.		
Ту	ped or Printed Name		
	* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314