Division of Corporations **Electronic Filing Cover Sheet** 

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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:\_\_\_\_\_ 

## REGISTERED AGENT CHANGE ANNIE'S WALK HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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JAN 1 3 2021

A. LUNT

Help

## **COVER LETTER**

TO:

15129570210

Amendment Section

Division of Corporations
ANNIE'S WALK HOMEOWNERS ASSOCIATION INC
SUBJECT: ANNIE'S WALK HOMEOWNERS ASSOCIATION, INC.
•
OCUMENT NUMBER: N20000006273
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  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

Amendment Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

sintement of char	provisions of sections 607.0502, 61 nge is submitted for a corporation c to change its registered office or r	organized u	inder the laws of the	State of FLORIDA		
in order					~	
1. The name of t	he corporation:		DIVIEUVINERS	ASSOCIATION,ING	<u> </u>	
2. The principal JACKSONVILL		.CE			<u> </u>	
3. The mailing a	ddress (if different):			N20000000272	_	
4. Date of incorp	oration/qualification: 06/12/202	:0	Document number:	N20000006273		
5. The name and Florida Depart	street address of the current registe trnent of State: (If resigned, enter re	red agent a signed)	and registered office (	on file with the		
	NRAI SERVICES, INC.					
1200 SOUTH PINE ISLAND ROAD						
	PLANTATION		FL 33324		2022	
6. The name and (if changed):	street address of the new registered	i agent (if c	changed) and /or regi	stered office	2022 JAN 12	
REDISTRIED AUGIT OCIUTIONS, INC.						
	155 Office Plaza Dr.		Suite A		<b>AH</b> /0:	
	Tallahassee	FL	32301		: 17	
The street addre	ss of its registered office and the s be identical.	treet addre	ss of the business of	fice of its registered age	:nt,	
Such change wa authorized by th	s authorized by resolution duly ad e board, or the corporation has bee	opted by it en notified	s board of directors in writing of the cha	or by an officer so ange.		
Jallen		Jaci	yn Wright, Assistant S		_	
hereby accept to further agree to of my duties, and document is being	e of an order of director the appeintment as registered age to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha	nt and agre l statutes re e obligatio in the regi ange.	ee to act in this capa elative to the proper n of my position as i istered office addres.		nce this the	
Hode	mindt	01	/12/2022		_	
Sign	astife of Registered Agent		Date	;		
If signing on bel	•					
	Assistant Secretary ped or Printed Name					
• • • • • • • • • • • • • • • • • • • •		C PPP. 61	15.00 + + +			