Division of Corporations

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Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I201000000062

Phone : (888)705-7274

Fax Number : (888)706-7274

THE INC.

THE IN

## REGISTERED AGENT CHANGE STEPPING STONE COMMUNITY ASSOCIATION, INC.

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## COVER LETTER

Amendment Section TO: Division of Corporations STEPPING STONE COMMUNITY ASSOCIATION, INC. SUBJECT: Name of Corporation N1800001616 **DOCUMENT NUMBER** 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

Enclosed is a \$35.00 check made payable to the Department of State.

Malling Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Name of Contact Person

Street Address: Amendment Section **Division of Corporations** The Centre of Tallahassee

705-7274

Area Code & Daytime Telephone Number

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0502, 61 nge is submitted for a corporation or to change its registered office or t	organized i	inder the laws of the State of FLO	JRIDA
1. The name of t	he corporation: STEPPING STO	NE COM	MUNITY ASSOCIATION, INC.	
2. The principal MAITLAND, FL	office address: 2600 LAKE LUCI	EN DRIVE	SUITE 350	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 02/12/2018	8	Document number: N18000001	616
5. The name and	street address of the current registe tment of State: (If resigned, enter re NRAI SERVICES, INC.	red agent a	and registered office on file with the	iė
	1200 S PINE ISLAND RD			. ~
	PLANTATION		FL 33324	2022 FEB
6. The name and (if changed):	street address of the new registered			
	Registered Agent Solu		Suite A	
	155 Office Plaza Dr.	O. Box NOT		. 28
	Tallahassee	FL	32301	ω
as changed will Such change wa authorized by th  Alphaha  I hereby accept the further agree to a my duties, and a my duties.	s authorized by resolution duly ade board, or the corporation has been been been been been been been bee	opted by it en notified Jac nt and agr I statutes r e obligatio	s board of directors or by an officin writing of the change.  yn Wright, Assistant Secretary  Printed or typed name and title see to act in this capacity, selative to the proper and complete in of my position as registered ag	cer 50  te performance ent. Or, if this
	ng filed merely to reflect a change been notified in writing of this ch		/12/2022	mytrm mar me
Hode Sign	attre of Registered Agent		Dete	<del></del>
If signing on bet	nalf of an entity:			
Mackenzie Hart,	Assistant Secretary			
Ту	ped or Printed Name	C PPP. et	15 00 + + +	

\* \* \* 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)