

N09039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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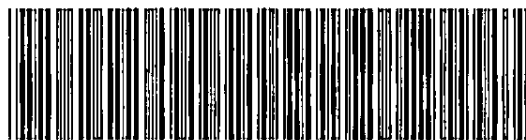
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

RA Change

MAR 22 2023

D CUSHING

**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: Egret's Cove Homeowners Association Inc.
2. The principal office address: 7145 Turner Rd. Suite 101 Rockledge, Florida 32955
3. The mailing address (if different): 7145 Turner Rd. Suite 101 Rockledge, Florida 32955
4. Date of incorporation/qualification: 05/02/1985 Document number: N09039
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)

Laura Johnston

140 Utopia Circle

Merritt Island, Florida 32952

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

Omega Community Management

7145 Turner Rd. Suite 101 Rockledge, Florida 32955

P.O. Box NOT acceptable

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.

C. L. H. A.
Signature of an officer or director

CHRISTOPHER J. CATAN - ECHOA PLS
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.

Daniel Hoffman
Signature of Registered Agent

1/5/2023
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)

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE