

NO/000004909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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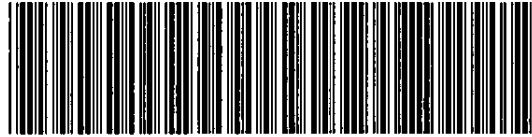
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

NOV 10 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE PRESERVE AT MISSION VALLEY HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N01000004909

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:

Cynthia Wright

Name of Contact Person

THE PRESERVE AT MISSION VALLEY HOMEOWNERS' ASSOCIATION, INC.

Firm/Company

657 VANDERBILT DR

Address

Nokomis FL 34275

City/State and Zip Code

Cindywright@comcast.net

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

For further information concerning this matter, please call:

Cynthia Wright

Name of Contact Person

at (**941**) **488-6111**

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

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: THE PRESERVE AT MISSION VALLEY HOMEOWNERS' ASSOCIATION, INC.

2. The principal office address: 657 VANDERBILT DR

3. The mailing address (if different): P.O. Box 1192
Nokomis FL 34275

4. Date of incorporation/qualification: 7/11/2001 Document number: N01000004909

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)

THE LAW OFFICES OF LOBECK AND HANSON

2033 MAIN STREET

SARASOTA FL 34237

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

Cynthia Wright

657 VANDERBILT DR

P.O. Box NOT acceptable

Nokomis, FL 34275

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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.

Cynthia Wright
Signature of an officer or director

Cynthia Wright

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.

Cynthia Wright
Signature of Registered Agent

November 5, 2015

Date

If signing on behalf of an entity:

Cynthia Wright
Typed or Printed Name

*** FILING FEE: \$35.00 ***