## NU2000007193

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## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: Verandah Community Association, Inc. Name of Corporation DOCUMENT NUMBER: N02000007193 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: Lynne Pietrzyk Name of Contact Person Verandah Community Association Firm/Company 11390 Palm Beach Blvd, First Floor Address Fort Myers, Florida 33905 City/State and Zip Code Office@VCALife.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lynne Pietrzyk Name of Contact Person 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
The Centre of Tallahassee
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, 617.0502, 607.1508, or 617.1508. Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida in the state of Florida.
	the corporation: Verandah Community Association, Inc.
2. The principal	office address: 11390 Palm Beach Blvd First Floor, Fort Myers FL 33905
3. The mailing a	iddress (if different):
4. Date of incom	poration/qualification: 9/19/2002 Document number: N02000007193
	street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned)
	Evergreen Lifestyles Management, LLC
	270 W. Plant Street #340
	Winder Garden, FL 34787
6. The name and (if changed):	d street address of the new registered agent (if changed) and for registered office
	Goede, DeBoest & Cross, PLLC C/o Richard DeBoest
	2030 McGregor Blvd
	P.O. Box NOT acceptable
	Fort Myers, Florida 33901
as changed will	
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
	IAN A SHAFFER Tresident.
I hereby accept I further agree to of my duties, and document is prin corporation lys	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of the configuration of my position as registered agent. Or, if this not included the configuration of my position as registered agent. Or, if this not included in the registered office address, I hereby confirm that the first pathed in writing of this change.
11/14	1411 - 22
	half of an entity:
	•
Ty	yped 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)