

NO2105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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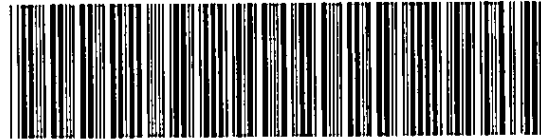
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

C. BRUMBLEY
JAN 10 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NORTH LANDING HOMEOWNERS ASSOCIATION, INC.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEBBIE CASABLANCA

Name of Person

PHOENIX MANAGEMENT SERVICES, INC

Firm/Company

6131B LAKE WORTH RD

Address

GREENACRES, FL 33463

City/State and Zip Code

DEBBIELW@PHOENIXFLA.COM

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

For further information concerning this matter, please call:

DEBBIE CASABLANCA 561 964-1550

Name of Person at () Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: NORTH LANDING HOMEOWNERS ASSOCIATION, INC

2. (a) C/O PHOENIX MANAGEMENT SERVICES, INC (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

6131B LAKE WORTH RD

GREENACRES, FL 33463

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

03/22/1984

N02105

3. Date of filing/registration in Florida

4.

Document number

5. (a) KONYK & LEMME PLLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

777 SOUTH FLAGLER DR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 800 - WEST TOWERS

WEST PALM BEACH

FL 33401

(b) Konyk & Lemme PLLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

140 INTRACOASTAL POINTE DR #310

JUPITER

FL 33477

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Debbie Casablanca
Signature of a member or authorized representative of a member

Debbie Casablanca
Printed or typed name of signer

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Christine
Signature of Registered Agent

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DIVISION OF STATE