

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6330

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)290-3336
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
FELLS COVE HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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SECRETARY OF STATE
TALLMAN, FL

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Corporate Filing Menu

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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.

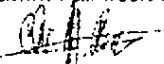
1. The name of the corporation: FELLS COVE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 4700 MILLENIA BLVD, Suite 515, ORLANDO, FL 32839
3. The mailing address (if different): P.O. BOX 702348 Suite 515 DALLAS, TX 75370-2348
4. Date of incorporation/qualification: 06/03/2003 Document number: N03000004663
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)
ASSOCIA/COMMUNITY MANAGEMENT PROFESSIONALS, INC
4700 MILLENIA BLVD Suite 515
ORLANDO, FL 32839
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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.

 Lisa D. DuBois, Assistant Secretary
 Signature of an officer or director 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.

C T Corporation System
 By: Chris Rickard, Assistant Secretary  3/4/2019
 Signature of Registered Agent Date

If signing on behalf of an entity:

Lisa D. DuBois

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

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