Division of Corporations Electronic Filing Cover Sheet

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Phone	: (614)280-3338	F	(
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	Fax Number Account Name Account Number Phone	Division of Corporations Fax Number : (850)617-6380 Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (614)280-3338 Fax Number : (614)573-3996	Fax Number : (850)617-6380 Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338

REGISTERED AGENT CHANGE SAVANNAHESTATES COMMUNITY ASSOCIATION, INC.

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Electronic Filing Menu

Corporate Filing Menu

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, То:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes inized under the laws of the State of Fl., stered agent, or both, in the State of Florida.	
1. The name of	the corporation: SAVANNAH ESTATES	COMMUNITY ASSOCIATION, INC.	
	l office address: 527 Cody Catcb Drive		
3. The mailing:	address (if different): P.O BOX 65 WINT	TR HAVEN, FL 33882	
4. Date of incor	rporation/qualification: 01/09/2004	Document number: N04000000237	
	id street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ned)	20
	Anderson, Sandra N	TAL:	19 124 H
	527 Cody Caleb Drive	2 <u>F</u>	2024 MAR 20
	WINTER HAVEN, FL 33884	ASS.	
6. The name an (if changed):		ent (if changed) and /or registered office	AM 10: 55
	C T Corporation System		
	1200 South Pine Island Road		
	P.O. Bo Plantation, Florida 33324	nx NOT acceptable	
The street addr as changed wil	ress of its registered office and the stree I be identical.	t address of the business office of its regist	tered agent,
Such change wanthorized by t	ras authorized by resolution duly adopte he board. or the corporation has been n	ed by its board of directors or by an officer otified in writing of the change.	· so
	GenJawan	Jori Sawan, Secretary	
Signati	ute of an officer or director	Printed or Typed name and title	
I further agree of my duties, ar document is be	nd I am familiar with and accept the ob ing filed merely to reflect a change in t is been notified in writing of this change	tutes relative to the proper and complete p ligation of my position as registered agent he registered office address. I hereby confi 2.	performance t. Or if this irm that the
Sig	gnature of Registered Agent	Date Date	
	chalf of an entity:		
	sistant Secretary		
1	Typed or Printed Name		
	* * * FILING F	EE: \$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)

Ву: