

N04000002393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

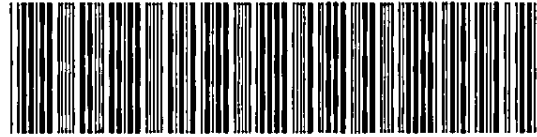
(Business Entity Name)

(Document Number)

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2020 JUL 31 AM 10:07
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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Tuscany Reserve Neighborhood Association, Inc
Name of Corporation

DOCUMENT NUMBER: N04000002393

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:

Paul Davie Walton

Name of Contact Person

None, Individual

Firm/Company

3529 Tuscany Reserve Blvd.

Address

New Smyrna Beach, FL 32168

City/State and Zip Code

pdweg@verizon.net

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

For further information concerning this matter, please call:

Paul Davie Walton

Name of Contact Person

at (571) 264-1952

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Tuscany Reserve Neighborhood Association, Inc
2. The principal office address: 3529 Tuscany Reserve Blvd. New Smyrna Beach, FL 32168
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 3/9/2004 Document number: N04000002393
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)

TruResults Community Management

5822 Spruce Creek Woods Drive

Port Orange, FL 32127

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

Paul Davie Walton

3529 Tuscany Reserve Blvd.

P.O. Box NOT acceptable

New Smyrna Beach, FL 32168

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FLORIDA DEPARTMENT OF STATE

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.

Paul Davie Walton
Signature of an officer or director

Paul Davie Walton, Treasurer

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.

Paul Davie Walton
Signature of Registered Agent

10/28/2020

Date

If signing on behalf of an entity:

Paul Davie Walton

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
CR2E045 (04/13)