## N0400002484

| (Re                     | questor's Name)   |                                       |
|-------------------------|-------------------|---------------------------------------|
| (Add                    | dress)            |                                       |
| (Add                    | dress)            | <del></del>                           |
| (Cit                    | y/State/Zip/Phone | e #)                                  |
| PICK-UP                 | ☐ WAIT            | MAIL                                  |
| (Bu                     | siness Entity Nar | me)                                   |
| (Do                     | cument Number)    | · · · · · · · · · · · · · · · · · · · |
| Certified Copies        | _ Certificates    | s of Status                           |
| Special Instructions to | Filing Officer:   |                                       |
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Office Use Only



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T.Roberts SEP 2.7.2008)

## **COVER LETTER**

| Division of Corporations  |  |  |  |
|---|--|--|--|
| GUBJECT: Daniels Preserve Homeowners Association (Name of Corporation)  |  |  |  |
| OOCUMENT NUMBER:  |  |  |  |
| 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:   |  |  |  |
| John O'Gorman<br>(Name of Contact Person)   |  |  |  |
| Sterling Property Services (Firm/Company)   |  |  |  |
| 27180 Bay Landing Drive Suite 4   |  |  |  |
| Bonita Springs FL 34135 (Gity/State and Zip Code)   |  |  |  |
| For further information concerning this matter, please call:  |  |  |  |
| John O'Goman at (239) 947 4552  (Name of Contact Person) (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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |  |  |  |

TO:

Amendment Section

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

| Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation org in order to change its registered office or reg  | ganized under the laws of the State of   |
|--|--|
| 1. The name of the corporation: <u>Daniels Pro</u> 2. The principal office address: <u>27180 Bau</u> Bonita Springs FL 3413  | eserve Homoowners' Association, 1<br>Landing Dr. Suite 4   |
| 3. The mailing address (if different):   |  |
| 4. Date of incorporation/qualification: 34 04  | Document number: N0400002484   |
| 5. The name and street address of the current registered Florida Department of State:  | d agent and registered office on file with the   |
| Vandaly Bonita?  | <u> </u>   |
| 12650 Whitehall  | Dr.  |
| Fort Myers, FL 3   | 3907   |
| 6. The name and street address of the new registered a (if changed):   | Solution (if changed) and /or registered office  |
| Sterling Property S<br>27180 Bay Landi   | ng Drive, Suite 4  |
| <u>Bonita Springs</u> F  | L 34135  |
| The street address of its registered office and the streas changed will be identical.  | eet address of the business office of its registered agent,  |
| Such change was authorized by resolution duly adopauthorized by the board, or the corporation has been   | pted by its board of directors or by an officer so notified in writing of the change.  |
| (Signature of an officer or director)  | TOHN O'CORMAN (Printed or typed name and title)  |
| I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the document is being filed merely to reflect a change in corporation has been notified in writing of this change in the component of the change in the change in the change in the component of the component of the change in the chan | statutes relative to the proper and complete performance<br>obligation of my position as registered agent. Or, if this<br>n the registered office address, I hereby confirm that the |
| securer  | 9/8/08   |
| (Signature of Registered Agent)  | (Date)   |
| If signing on behalf of an entity:   |  |
| JOHN O'GORMAN  |  |
| (Typed or Printed Name)  |  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*