

ND50000000453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA
Change

AUG 10 2016

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2016

RECEIVED
JUL 25 2016

BECKY RITCHIE
AEGIS COMMUNITY MANAGEMENT SOLUTIONS INC
8390 CHAMPIONSGATE BLVD - STE. 304
CHAMPIONSGATE, FL 33896

BY: _____

SUBJECT: POITRAS ESTATES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N05000000453

We have received your document for POITRAS ESTATES HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 516A00014967

RECEIVED
JUL 19 4 11:17 PM
18 AUG - 6

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Poitras Estates Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000000453

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:

Becky Ritchie

Name of Contact Person

Aegis Community Management Solutions, Inc.

Firm/Company

8390 Championsgate Blvd. Suite 304

Address

Championsgate, FL 33896

City/State and Zip Code

britchie@aegiscms.com

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

For further information concerning this matter, please call:

Becky Ritchie

Name of Contact Person

at **863** 256-5052 ext. 233

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

**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: Poitras Estates Homeowners Association, Inc.
2. The principal office address: 8390 Championsgate Blvd. Suite 304
Championsgate, FL 33896
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1-13-2005 Document number: N05000000453

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):

Aegis Community Management Solutions, Inc.

8390 Championsgate Blvd., Suite 304

P.O. Box NOT acceptable

Championsgate, FL 33896

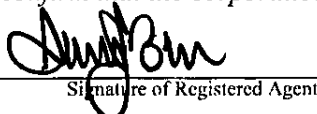
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

070716
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.


Signature of Registered Agent

7-31-16
Date

If signing on behalf of an entity:

David Burman

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