

1/23/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

70500003490

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (514)280-3338
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.****

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2019 JAN 23 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FL

**REGISTERED AGENT CHANGE
ASHTON PLACE HOMEOWNERS ASSOCIATION, INC.**

Certificate of Status	0
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Page Count	02
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2019 JAN 23 A 11:36

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JAN 24 2019

T. LEMIEUX

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ASHTON PLACE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 7876 VALENCIA CT NAPLES, FL 34113
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/31/2005 Document number: N05000003490
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)

ROETZEL & ANDRESS

850 PARK SHORE DRIVE NAPLES, FLORIDA, FL 34103

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.



CHRIS HAGAO, PRESIDENT

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.

By: C T Corporation System
Jan M Halpin
Signature of Registered Agent

1/22/19
Date

If signing on behalf of an entity:

James M. Halpin
Assistant Secretary

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 (03/12)