Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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10.	Division of Corporations		) <del>,,,,</del>	TI
	Fax Number : (850)617-6380		1	$\Box$
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	Account Name : C T CORPORATION SYSTEM		ထ	
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	Phone : (614)280-3338			
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	the email address for this business entity to be used for future	2		
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## REGISTERED AGENT CHANGE MEADOW RIDGE OF GRAND ISLAND HOMEOWNERS ASSOCIATION,

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

**V** 

statement of ch	nange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statut organized under the laws of the State of Florid egistered agent, or both, in the State of Florid	a	-	
		and Island Homeowners Association, Inc.			
2. The principa	al office address: 26736 US Highway 2	7 Suite 103, LEESBURG, FL 34748			_
3. The mailing	address (if different): 26736 US Highv	way 27 Suite 103, LEESBURG, FL 34748			_
4. Date of inco	rporation/qualification: 02/21/2018	5/8/200 Bocument number: N06000002639			
	nd street address of the current registe artment of State: (If resigned, enter res	red agent and registered office on file with the signed)	;		
	Newman, Richard P, Esq.				
	26736 US Highway 27 Suite 103		22.	7	
	Lecsburg, FL 34748		=:	JAN.	
6. The name ar (if changed):	_	agent (if changed) and /or registered office	10 32 20 11 11 11 11 11 11 11 11 11 11 11 11 11		j
	C T Corporation System		T: "'	<u>ක</u>	
	c/o C T Corporation System, 1200 Sou	uth Pine Island Road	: ·	<b>60</b>	
		NOT acceptable			
	Plantation, Florida 33324				
The street add	ress of its registered office and the st	reet address of the business office of its regis	stered ager	nt,	
		pted by its board of directors or by an office notified in writing of the change.			
LINE: A	) Dud Scisi	Lisa Dubois, Secretary			
Signal	ure of an officer or director	Printed or typed name and title		•	
I hereby accep I further agree performance o agent. Or, if th hereby confirm	t the appointment as registered agen to comply with the provisions of all f my duites, and I am familiar with a his document is being filed merely to I that the corporation has been notifi	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as re reflect a change in the registered office addi ed in writing of this change.	gistered ress, I		
C T Co	rporation System	01/10/2019			
Si	gnature of Registered Agent	Date			
If signing on bo	chalf of an entity:				
Meadow Ridge	of Grand Island Homeowners A	Association, Inc.			
1	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)