

**N06000006165**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

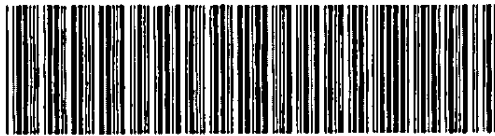
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700279703297

12/07/15--01029--006 \*\*35.00

12/22/15--01020--002 \*\*175.00

**FILED**  
2015 DEC -7 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 10 2014  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEADOW WOODS COVE HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N06000006165

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:

**Brad van Rooyen**

Name of Contact Person

**EPM Services**

Firm/Company

**4407 Vineland Rd, Ste. D15**

Address

**Orlando, FL 32811**

City/State and Zip Code

**brad@homeencounter.com**

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

For further information concerning this matter, please call:

**Brad van Rooyen**

Name of Contact Person

at **(813) 600-5090**

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: MEADOW WOODS COVE HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 4407 Vineland Rd, Ste D15, Orlando, FL 32811

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/07/2006 Document number: N06000006165

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)

Resigned

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

EPM Services

4407 Vineland Rd, Ste D15

P.O. Box NOT acceptable

Orlando, FL 32811

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]

Signature of an officer or director

FRANKIE SOLO, President

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]

Signature of Registered Agent

11-16-15

Date

If signing on behalf of an entity:

Brad van Roogen

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)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2008 DEC -7 AM 11:13

FILED