

N0600000 7651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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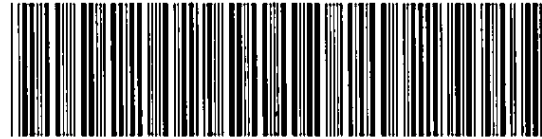
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Esplanade at Town Center Condominium Assn. Inc.
Name of Corporation

DOCUMENT NUMBER: N06000007651

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:

Lucy Acevedo

Name of Contact Person

Esplanade at Town Center

Firm/Company

10435 Midtown Parkway

Address

Jacksonville, FL 32246

City/State and Zip Code

Lucy.Acevedo@fsresidential.com

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

For further information concerning this matter, please call:

Lucy Acevedo

Name of Contact Person

at (904) 285-6626

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: Esplanade at Town Center
2. The principal office address: 10435 Midtown Parkway
Jacksonville, FLL 32256
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 2006 Document number: N06000007651
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)

Tonia Price (Property Manager) REMOVE

10435 Midtown Parkway

Jacksonville FL 32246

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

Cobb & Gonzalez P.A. (New Registered Agent)

4651 Salisbury Road Suite 400

P.O. Box NOT acceptable

Jacksonville FL 32256

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.

Kay Olliff
Signature of an officer or director

Kay Olliff

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.

Christopher M. Cobb
Signature of Registered Agent

April 25, 2019

Date

If signing on behalf of an entity:

Christopher M. Cobb
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE