6/17/2019

N19000018979

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FRANK, WEINBERG, BLACK, P.L.
Account Number : I20040000083
Phone : (954)474-8000
Fax Number : (954)474-9850

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LWagner@FWBLaw.Net

FILED
19 JUN 18 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2019 JUN 18 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

PROMENADE PARKE HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$35.00

JUN 19 2019

S. YOUNG

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Promenade Parke Homeowners Association, Inc
Name of Corporation

DOCUMENT NUMBER: N06000010879

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:

Laura H Simonette
Name of Contact Person

CAM Pros of Florida, LLC
Firm/Company

1648 Taylor Road # 115
Address

Port Orange, FL 32128
City/State and Zip Code

laura@camprosfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura H Simonette at (386) 366-0288
Name of Contact Person — 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

CR2E045 (01/12)

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: Promenade Parke Homeowners Association, Inc.
2. The principal office address: C/O CAM Pros of Florida, LLC 1648 Taylor Road # 115-Port Orange, FL 32128
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/17/2006 Document number: N06000010879
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)

   Lori Dann C/O Artemis Lifestyles, Inc
   1631 E. Vine Street Suite 300
   Kissimmee, FL 34744

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

   Laura H Simonette C/O CAM Pros of Florida, LLC
   1648 Taylor Road #115
   P.O. Box NOT acceptable
   Port Orange FL 32128

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

L. Robert Shelton, Treasurer
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

6-17-2019
Date

If signing on behalf of an entity:

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)