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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053

: (561)694-8107 Fax Number : (561)214-8442

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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REGISTERED AGENT CHANGE ESTERO TOWN COMMONS PROPERTY OWNERS ASSOCIATION,

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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	-	17.0502, 607.1508, or 617.1508, Florida State organized under the laws of the State of Flori		
	• • •	registered agent, or both, in the State of Flori	da.	
I. The name of	the corporation: Estero Town Comm	nons Property Owners Association, Inc.		
		treet, Ste 1100, Indianapolis, IN 46204		
4. Date of incoq	poration/qualification: 10/25/2006	Document number: N0600001115		
	I street address of the current regist timent of State: (If resigned, enter t	tered agent and registered office on file with the resigned)	ne	
	C T CORPORATION SYSTEM			
	1200 SOUTH PINE ISLAND ROA	2024) SLAM		
	PLANTATION, FL 33324		1024 NOV -5	
PLANTATION, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	United Agent Group Inc.		9: 4.7 STATE E. FL	
	801 US Highway 1		mi 🗝	
		P.O. Box NOT acceptable		
	North Palm Beach, FL 33408			
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its re-	gistered agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by an officen notified in writing of the change.	cer so	
Adia My	les	Adia Myles, Attorney-in-Fact		
I hereby accept I further agree to of my duties, an document is bei	to comply with the provisions of a d I am familiar with and accept to	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complet he obligation of my position as registered ag e in the registered office address, I hereby co hange.	te performance ent. Or, if this onfirm that the	
Adia Mu	laa	11/05/2024		
8.0	Les nature of Registered Agent	Date		
lf signing on be	half of an entity:			
Adia Myles, Spec	cial Secretary			
T	yped or Printed Name			

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