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.

Electronic Filing Cover Sheet

(((H23000126814 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

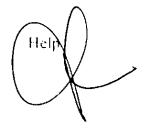
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

REGISTERED AGENT CHANGE NUEVA ANDALUSIA OWNERS ASSOCIATION 1, INC.

المراز والمراز	
Certificate of Status	0
Certified Copy	
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu Corporate Filing Menu



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

statement of ch	ange is submitted for a corporation org	1502, 607,1508, or 617,1508, Florida Matules janized under the laws of the State of <mark>Florida</mark> istered agent, or both, in the State of Florida.				
1. The name of	the corporation: Nueva Andalusia Own	ers Association 1, Inc.				
2. The principa	office address: 280 E. Pilot Road, Suite	200, Las Vegas, NV 89119				
3. The mailing	address (if different):					
4. Dateofincorp	poration/qualification: 01/22/2007	Document number: N07000000734				
	nd street address of the current registere irtment of State: (If resigned, enterresig	d agent and registered office on file with the				
	James R Pratt		2025 :			
	200 S. Orange Ave, Suite 800		÷ ,			
	Orlando, Fl 32801		<u>ا</u> ت			
6. The name and street address of the new registered agent (if changed) and /or registered offi (ifchanged): C T Corporation System		gent (if changed) and /or registered office	ES 10: 27			
	1200 South Pine Island Road P.O. Box NOT acceptable					
	Plantation, Florida 33324					
The street addras changed wil	ress of its registered office and the stre I be identical.	et address of the business office of its regist	ered agent.			
		ted by its board of directors or by an officer notified in writing of the change.	so			
من	See Elinit	JOE DAVIS, SECRETARY				
-	are of an officer or director	Printed or typed name and Title				
corporation na	is oeen noujiea in writing of this chang	and agree to act in this capacity. atutes relative to the proper and complete p bligation of my position as registered agent the registered office address. Thereby confi te.	verformance Or, if this irm that the			
C T Corporation	n System	03/15/2023				
Sig	gnature of Registered Agent	Date				
II signing on be	ehalf of an entity:					
SEAN L. EMER	RICK, ASSISTANT SECRETARY					
ı	Typed or Printed Name					
	* * * \$711 1877	FFF: \$15 AA * * *				

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 (04/13)

By: