

N010000003227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

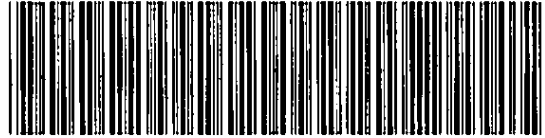
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400310452774

05/23/18--01003--004 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 23 AM 11:56

MAY 24 2018
J. MCNAUL

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

20 MAY 23 AM 11:58

TO: Amendment Section
Division of Corporations

SUBJECT: Crows Nest Estates Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N07000003227

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:

Valerie Ramos, LCAM

Name of Contact Person

Garrison Property Services, LLC

Firm/Company

121 Webb Drive, Suite 205

Address

Davenport, FL 33837

City/State and Zip Code

valerie@garrisonland.com

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

For further information concerning this matter, please call:

Valerie Ramos, LCAM

Name of Contact Person

at (863) 353-2558

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: Crows Nest Estates Homeowners Association, Inc.

2. The principal office address: 121 Webb Drive, Suite 205
Davenport, FL 33837

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/28/2007 Document number: N07000003227

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)

Eamonn Conway

290 Captain Hook Way

Davenport, FL 33837

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

Garrison Property Services, LLC

121 Webb Drive, Suite 205

P.O. Box NOT acceptable

Davenport, FL 33837

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

JOHN M. CAUSEY
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

5/18/2018
Date

If signing on behalf of an entity:

Valerie Ramos, LCAM
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 23 AM 11:50