## N07000004114

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	an est
SUBJECT: Tidewater Preserve Master Association, Inc. Name of Corporation	<u> </u>
DOCUMENT NUMBER: N07000004114	
The enclosed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Kevin T. Wells, Esq.	
Name of Contact Person	
Law Offices of Wells   Olah, P.A.	
Firm/Company	
1800 2nd Street, Suite 808	
Address	<u>,                                     </u>
Sarasota, FL 34236	
City/State and Zip Code	
kwells@kevinwellspa.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	se call:
Kevin T. Wells, Esq.	. 4941 366-9191
Name of Contact Person	at (941 )366-9191 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment of State.
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statute. In organized under the laws of the State of <u>Flor</u> Pregistered agent, or both, in the State of Florida	ida
1. The name of t	he corporation: Tidewater Preserv	e Master Association, Inc.	
2. The principal	office address: 5051 Tidewater Pre	serve Blvd., Bradenton, FL 34208	
3. The mailing a	ddress (if different): c/o Castle Ma	anagement, 12270 SW 3rd Street #200, Plantation, F	L 33325
		Document number: N07000004114	
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Vivien N. Hastings		
	24301 Walden Center Dr.	<del>5</del>	2020
	Bonita Springs, FL 34134	>	2020 SEP 28
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered office	e e
	Kevin T. Wells, Esq. C/O Law Of	fices of Wells   Olah, P.A.	ું 🛨 💆
	1800 2nd Street, Suite 808	17	5 <b>5 6</b>
	Samuela El 34236	P.O. Box NOT acceptable	
	Sarasota, FL 34236		
The street addre	ss of its registered office and the be identical.	street address of the business office of its regis	tered agent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an office een notified in writing of the change.	r so
15c	Bu	BARRY BERMAN, PRESID	SNT
I hereby accept		Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered agen ge in the registered office address, I hereby con thange.	performance 1. Or, if this firm that the
Sign	nature of Registered Agent	9-03-2020 Date	
If signing on be	half of an entity:		
Kevin T. Wells			
Ty	rped or Printed Name	-	

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