

**N0900000 11470**

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

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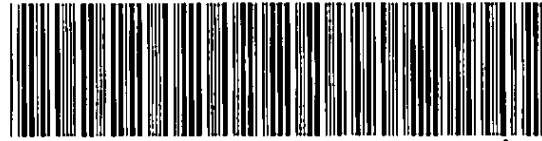
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TUSCANY TOWN CENTER ASSOCIATION, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N090000011470

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:

AMBER LYNN COLEMAN, ESQ.

Name of Contact Person

Firm/Company

424 LUNA BELLA LANE SUITE 122

Address

NEW SMYRNA BEACH, FL 32168

City/State and Zip Code

ACOLEMAN@GEOSAM.CA ✓

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

For further information concerning this matter, please call:

AMBER LYNN COLEMAN, ESQ at ( 386 ) 428-8448 EXT 109

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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TUSCANY TOWN CENTER ASSOCIATION, INC.
2. The principal office address: 424 LUNA BELLA LANE SUITE 122  
NEW SMYRNA BEACH, FL 32168
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/01/2008 <sup>12/01/2009</sup> Document number: N090000011470

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)

STOWERS, JAMES A, ESQ.

424 LUNA BELLA LANE SUITE 122

NEW SMYRNA BEACH, FL 32168

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

AMBER LYNN COLEMAN, ESQ.

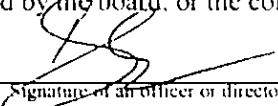
424 LUNA BELLA LANE SUITE 122

P.O. Box NOT acceptable

NEW SMYRNA BEACH, FL 32168

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

David Shahinian  
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

1/7/19  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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