## N11000008479

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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12/23/19--01031--020 \*\*35.00

O SIMMONS JAN 24 2020

## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
		<i>š</i>
SUBJ	ECT: The Estuary Homeowners Association, Inc. of Corporation	
ivaine	of Corporation	
DOC	UMENT NUMBER: N11000008479	
The en	nclosed Statement of Change of Registered Office/	'Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter	to the following:
Jackie	Boyd	
	of Contact Person	<del></del>
McNe	il Management Services, Inc	
Firm/0	Company	<del></del>
PO Bo	x 6235	
Addre	ss	
Brande	on, FL 33508-6004	
City/S	tate and Zip Code	<del></del>
	jackie@meneilmsi.com	
E-ma	il address: (to be used for future annual report	notification)
For fu	rther information concerning this matter, please ca	ıll:
Jackie	Boyd	at (813 )571-7100 ext 305
-	Name of Contact Person	at (813 ) 571-7100 ext 305 Area Code & Daytime Telephone Number
Enclo	sed is a \$35.00 check made payable to the Departn	nent of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (04/13)

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

statement of cl	nange is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida State ganized under the laws of the State of <mark>Flori</mark> gistered agent, or both, in the State of Flori	i <u>da</u>	
1. The name of	f the corporation: The Estuary Homeown	ners Association, Inc.		
	al office address: 1463 Oakfield Dr. Suite			
3. The mailing	address (if different): PO Box 6235, Bra	andon, FL 33508-6004		
4. Date of incorporation/qualification: 9/07/2011 Document number: N11000008479				
	nd street address of the current registere artment of State: (If resigned, enter resigned)	ed agent and registered office on file with t gned)	he	
	Premier Community Consultants, Inc.			
18215 Branch Rd				
	Hudson, FL 34667		2019 DEC 23 SECRETARY TALLAHAS	
(if changed):				
	Mankin Law Group PA		PM 4:4 Or STAT	
2535 Landmark Dr Ste 212				
P.O Box NOT acceptable				
	Clearwater, FL 33761-3930			
The street add as changed wi	ress of its registered office and the strell be identical.	eet address of the business office of its re	gistered agent,	
Such change vauthorized by	vas authorized by resolution duly ador the board, or the corporation has been	oted by its board of directors or by an offi notified in writing of the change.	icer so	
A Algana	ture of an officer or director	L. DIST BROW		
I further agree of my duties, a document is b	ot the appointment as registered agent to comply with the provisions of all s and I am familiar with and accept the eing filed merely to reflect a change in as been notified in writing of this chan	tatutes relative to the proper and comple obligation of my position as registered as 1 the registered office address. I hereby c	te performance zent. Or, if this onfirm that the	
hr	_ \	12/6/19		
s	ignature of Registered Agent	Date		
~ ~	pehalf of an entity:			
Meliss	a mankin			
	Typed or Printed Name			

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