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Division of Corporations

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J. HORNE

MAY - 5 2022

REGISTERED AGENT CHANGE VINIA AT EAST PARK HOMEOWNERS' ASSOCIATION, INC

> Certificate of Status Certified Copy 1 02 Page Count Estimated Charge \$43.75

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Help

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

| | r to change its registered office or regist he corporation: RAVINIA AT EAST PA | 2.7 | |
|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------|
| | office address: 1631 E Vine StreetSuite 3 | | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 03/20/2012 | Document number: N120 |)00003021 |
| | street address of the current registered a timent of State: (If resigned, enter resigne | | e with the |
| | Vide, Avelino | | |
| | 1631 E Vine StreetSuite 300Kissimmee, I | FL 34744 | |
| | | | _ |
| 6. The name and (if changed): | street address of the new registered age | ent (if changed) and /or registere | 2022 MAY - SECRETANTALLAHAS |
| | C T Corporation System | | TAR TAR |
| | 1200 South Pine Island Road | | IAY -4 RETARY NHASSEI |
| | P.O. Bo | nx NOT accuptable | |
| | Plantation, Florida 33324 | | & . |
| The street addre | ess of its registered office and the street be identical. | address of the business office | of its registered agent, |
| Such change wa authorized by th | is authorized by resolution duly adopte the board, or the corporation has been no | d by its board of directors or by otified in writing of the change | y an officer so |
| | the state of | Renay PeGee | President |
| Signatu | e of an officer or director | Printed or typed name | and title |
| l further gorée i | the appointment as registered agent ar o comply with the provisions of all stated I am familiar with and accept the obline filed merely to reflect a change in the been notified in writing of this change. System | titles relative to the proper and | complete performance |
| • | Cours when | 05/03/2022 | |
| Sig | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| Terrie Bate | s, Assistant Secretary | | |
| T | yped or Printed Name | | |
| | * * * FH INC F | FF: C35 AA + + + | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (04/13)

By: