

N13000003259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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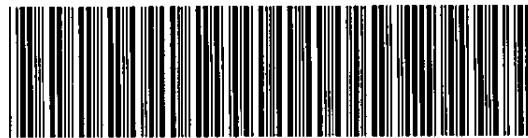
(Business Entity Name)

(Document Number)

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RAT Chang
7-7-14
De



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 203910 8003391

AUTHORIZATION :

COST LIMIT :

\$35.00

ORDER DATE : July 3, 2014

ORDER TIME : 1:12 PM

ORDER NO. : 203910-005

CUSTOMER NO: 8003391

CHANGE OF AGENT

NAME: NOVA POINTE HOMEOWNERS
ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Emily Gray -- EXT# 62925

EXAMINER: _____

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

1. The name of the corporation: Nova Pointe Homeowners Association, Inc.
2. The principal office address: Titan Management 1631 East Vine Street, Suite 300
Kissimmee, FL 34744
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/04/2013 Document number: N13000003259

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)

Titan Management
1631 East Vine Street, Suite #300
Kissimmee, FL 34744

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

Corporation Service Company
1201 Hays Street
Tallahassee FL 32301
P.O. Box NOT acceptable

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] Jeremy Camp, President
Signature of an officer or director 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.

By: Emily Gray 7/3/14
Signature of Registered Agent Date

If signing on behalf of an entity:

Emily Gray Asst VP
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
CR2E045 (03/12)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nova Pointe Homeowners Associatin, Inc.
Name of Corporation

DOCUMENT NUMBER: N13000003259

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:

Nora Schuster

Name of Contact Person

Beazer Homes Orlando Division

Firm/Company

2600 Maitland Center Parkway, Ste 262

Address

Maitland, FL 32751

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Contact Person

at ()

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