N1300000 4027

(Requ	estor's Name)	
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(Addie	;55)	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busin	ess Entity Nan	ne)
(Docu	ment Number)	
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
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> 7-7-14 DC



ION SERVICE COMPANY		
ACCOUNT NO. : 12000000195		
REFERENCE : 203910 8003391		
AUTHORIZATION: Spelle Ran		
COST LIMIT : \$ 3.5'.00		
ORDER DATE : July 3, 2014		
ORDER TIME : 1:14 PM		
ORDER NO. : 203910-010		
CUSTOMER NO: 8003391		
CHANGE OF AGENT		
NAME: RESERVE AT SAWGRASS 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

		2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of
		e or registered agent, or both, in the State of Florida.
1. The name of	f the corporation: Reserve at Sa	wgrass Homeowners Association, Inc.
2. The principa	al office address: 2180 West SR FL 32779	434 Ste 5000
3. The mailing	address (if different):	
4. Date of inco	orporation/qualification: 04/26/20	013 Document number: N13000004027
	nd street address of the current re artment of State: (If resigned, ent	gistered agent and registered office on file with the ter resigned)
	James W. Hart, Jr.	
	2180 West Sr 434, Ste 5000	
	Longwood, FL 32779	
6. The name ar (if changed):		tered agent (if changed) and /or registered office
	Corporation Service Company	ر
	1201 Hays Street	
	P.o. Tailahassee	O. Box NOT sceeptable
		ů
The street addr as changed wil	ress of its registered office and t I be identical.	he street address of the business office of its registered agent,
Such change wanthorized by	as authorized by resolution dul- the board, or the corporation has	y adopted by its board of directors or by an officer so been notified in writing of the change.
Signat	aute of an other or director	Jeremy Camp Vice Prasident
agent. Or, if the hereby confirm	j my awies, ana 1 am jamiliar w	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered by to reflect a change in the registered office address, I interior in writing of this change.
	gnature of Registered Agent ehalf of an entity:	7/3/14 Date
Emily !	Cray Asst V	<u>P</u> ING 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
erme r	Reserve at Sawgrass Homeowners Association, Inc.
3013	Name of Corporation
DOC	N13000004027 JMENT NUMBER:
The er	aclosed 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 fur	ther information concerning this matter, please call:
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed 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

CR2E045 (03/12)