M30000888

(Requestor's Name)				
(Ac	(Address)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



600260856586

24AChg JUL 07 2014

R. WHITE



ACCOUNT NO. : 12000000195				
REFERENCE : 203910 8003391				
AUTHORIZATION : XELBELENO				
COST LIMIT : \$\35.00				
ORDER DATE : July 3, 2014				
ORDER TIME : 1:18 PM				
ORDER NO. : 203910-025				
CUSTOMER NO: 8003391				
CHANGE OF AGENT				
NAME: PRESERVE AT TAPESTRY 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of ar to change its registered office or registered agent, or both, in the State of	•
1. The name of t	the corporation: Preserve at Tapestry Homeowners Association, Inc.	•
	office address: 1531 E. Vine St. Suite 300	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 09/27/2013 Document number: N13000	0008828
	I street address of the current registered agent and registered office on file vertinent of State: (If resigned, enter resigned)	vith the
	Titan Management HOA, LLC	
	1631 E. Vine St. Suite 300	-
	Kissimmee, FL 34744	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered o	ffice
	Corporation Service Company	
	1201 Hays Street	\$2.00 mm
	P.O. Box NOT acceptable Tallahassee FL 32301	
The street addre	ess of its registered office and the street address of the business office of i be identical.	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an ne board, or the corporation has been notified in writing of the change.	officer so
	Je rewy Corn Dy Printed or typed name and u	
agent. Or, if thi hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and community with the proper and communities, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered official the corporation has been notified in writing of this change. On Service Company	nplete n as registered ce address, I
-	nature of Ageistered Agent Date Date	
Emily 13	half of an entity: Cray Asst VP yped 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

	ent Section of Corporations			
Pres	erve at Tapestry Homeowners Associati	on, Inc.		
SUBJECT	Name of Corp	poration		
DOCUMENT N	N13000008828 UMBER:			
The enclosed Sta	tement of Change of Registered Office/A	Agent and fee are submitted for filing.		
Please return all	correspondence concerning this matter to	the following:		
	Nora Schuster			
	Name of Conta	ct Person		
Beazer Homes Orlando Division				
Firm/Company				
2600 Maitland Center Parkway, Ste 262				
	Addres	SS		
, Maitland, FL 32751				
City/State and Zip Code				
	E-mail address: (to be used for futi	ire annual report notification)		
For further inform	nation concerning this matter, please cal	1:		
	CC	at () Area Code & Daytime Telephone Number		
N	ame of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35	5.00 check made payable to the Departme	ent 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)