

N/13000009177

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**REGISTERED AGENT CHANGE
EDEN POINT HOME OWNER'S ASSOCIATION, INC.**

Certificate of Status	0
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Page Count	02
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Attn: Darlene Connell

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RA Change

7/13/2016 11:11:30 AM From: To: 8506176380(2/4)
850-617-6381 7/13/2016 8:32:49 AM PAGE 1/001 Fax Server



July 13, 2016

FLORIDA DEPARTMENT OF STATE

EDEN POINT HOME OWNER'S ASSOCIATION, INC.
151 SOUTHBALL LANE
SUITE 200
MAITLAND, FL 32751US

SUBJECT: EDEN POINT HOME OWNER'S ASSOCIATION, INC.
REF: N13000009177

RE-SUBMIT

Please retain original filing
date of submission 7/12

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect corporate name. The cover sheet must reflect the current name. Please generate a cover sheet under the appropriate corporate name. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

PLEASE CORRECT THE DOCUMENT NUMBER IN SECTION #4 TO READ: N13000009177.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H16000167241
Letter Number: 716A00014594

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

- 1. The name of the corporation: Eden Point Home Owner's Association, Inc.
- 2. The principal office address: 5401 Kirkman Road, Suite 310, Orlando, FL 32819
- 3. The mailing address (if different): P O Box 803555, Dallas, TX 75380

4. Date of incorporation/qualification: 10/09/2013 Document number: N13000009177

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)

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, FL 33324

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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 TALLAHASSEE, FLORIDA

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.

Lisa D. DuBois
 Signature of an officer or director

Lisa D. DuBois, Vice President
 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: *Kimberly Baggett*
 Signature of Registered Agent

Kimberly Baggett
 Assistant Secretary Date 7/11/16

If signing on behalf of an entity:
C T Corporation System
 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)