

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000017293 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				

REGISTERED AGENT CHANGE ESPLANADE AT HACIENDA LAKES HOMEOWNERS ASSOCIATION,

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

H220000172933

COVER LETTER

TO: • Amendment Section Division of Corporations

SUBJECT: ESPLANADE AT HACIENDA LAKES	HOMEOWNE	RS ASS	OCIATION, INC.	
Name of Corporation				
DOCUMENT NUMBER: N140000098	7			
The enclosed Statement of Change of Registered	Office/Agent a	nd fee are	e submitted for filing.	
Please return all correspondence concerning this r	natter to the fo	llowing:		
Mary Castillo				
Name of Contact Person		_		
Registered Agent Solutions, Inc.				
Firm/Company		_		
Corporate Center One, 5301 Southwest Pkwy, Ste 400)			
Address		_		
Austin, Texas 78735				
City/State and Zip Code		_		
E-mail address: (to be used for future annual		ation)		
For further information concerning this matter, pl	case can.			
Mary Castillo	at (881	8	705-7274 & Daytime Telephone Number	
Name of Contact Person	Ar	ea Code	& Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the I	Department of S	State.		
Mailing Address: Amendment Section	Street Address: Amendment Section			
Division of Corporations	Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
P.O. Box 6327				
Tallahassee, FL 32314				
	i alianas	ssee, rL	32303	

CR2E045 (04/13)

STATEMENT FOR CORPO	T OF CHANGE OF REGISTI PRATIONS	ERED OFF	ICE OR REGISTE	ERED AGENT (OR BOTH	
Pursuant to the	provisions of sections 607.0502,	617.0502, 60	7.1508, or 617.1508	8, Florida Statutes	s, this	
statement of cha	inge is submitted for a corporation	n organized	under the laws of the	e State of FLORI	DA	
in orde	r to change its registered office o	registered	agent, or both, in the	e State of Florida		
1. The name of	the corporation: ESPLANADE A	T HACIENDA	A LAKES HOMEOW	NERS ASSOCIA	TION, INC.	
2. The principal BONITA SF	l office address: 28100 BONI PRINGS, FL 34135	IA GRAN	DE DRIVE SUIT	16 102		
3. The mailing	address (if different):			N14000000	<u> </u>	
4. Date of incor	poration/qualification: 01/31/2	014	_ Document number	N 14000000	<u> </u>	
5. The name an Florida Depa	d street address of the current reg rtment of State: (If resigned, ente NRAI SERVICES, INC	istered agent r resigned)	and registered office	e on file with the		
	1200 S PINE ISLAND R	D			E 2	3
	PLANTATION		FL 33324		DZZ JAN 13 PEGEL ARA	}
6. The name and (if changed):	d street address of the new register			gistered office	SSE A	Γ
	155 Office Plaza Dr.		Suite A		STAIL STAIL	724
		P.O Box NOT	•		гі 🚥	
	Tallahassee	FL	32301			
as changed will						
Such change wa authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by i been notified	its board of directors I in writing of the cl	s or by an officer hange.	: 50	
\x. l		Jac	dyn Wright, Assistant	Secretary		
	re of an officer or director		• • • • • • • • • • • • • • • • • • • •	d name and tule		
hereby allept I father agree to of my duties, an document is bei corporation has	the appeintment as registered a to comply with the provisions of a I am familiar with and accept ng filed merely to reflect a chan Been notified in writing of this	gent and agr all statutes t the obligation ge in the reg change.	ree to act in this cap relative to the prope on of my position as istered office addre	oacity, er and complete p eregistered agen ess, I hereby conf	performance t. Or if this irm that the	
Hod	anicht -	0	1/12/2022			
Signing on he	half of an entity:		De	ite		
<u> </u>	Assistant Secretary					
	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 (04/13)