Division of Corporations Electronic Filing Cover Sheet

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(((H200004223543)))



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To:	Division of Co	prporations	<u> - </u>	60
	Fax Number	: (850)617-6380	~	u.u.D
From:				030
		: C T CORPORATION SYSTEM		10
	Phone	: (614)280-3338		<u></u>
	Fax Number	: (954)208-0845	· -	
				င္ပ်ာ
*Enter	the email addres	s for this business entity	to be used for future	7

REGISTERED AGENT CHANGE

VERONA AT RENAISSANCE HOMEOWNERS' ASSOCIATION, INC.

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$35,00		

Electronic Filing Menu

Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chi	provisions of sections 607.0502, 617.0 ange is submuted for a corporation org	ganized under the laws of the S	itate of Flo	orida	ÍS
	er to change its registered office or reg		·		
1. The name of	the corporation: VERONA AT RENAL	SSANCE HOMEOWNERS' AS	SOCIATIO	ON, INC.	
2. The principal	office address: c/o FirstService Resider	ntal, 2870 Scherer Drive North, S	Suite 100		
St. Petersburg, I	FL 33716				
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 02/27/2014	Document number:	114000001	971	
5. The name an Florida Depa	d street address of the current registere rtment of State: (If resigned, enter resig	d agent and registered office or gned)	n file with	the	
	de Haan, Ellen				
	812 W. MARTIN LUTHER KING JR.	BLVD, SUITE 101			
	TAMPA, FL 33603	•			
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or regist	ered office	:	
	CT Corporation System				
	1200 South Pine Island Road				
	P.O. 1	Box NOT acceptable		.= =	
	Plantation, Florida 33324			((h. l)
The street address changed will	Plantation, Florida 33324 ess of its registered office and the stre be identical.	et address of the business offi	ce of its re]] egisterec	Lagent,
	as authorized by resolution duly adopt the board, or the corporation has been i				0
	ic board, or the corporation has been i		ge.		<u> </u>
Jim Stars — 2022FF884481415	to of an officer or director	Jim Sears	Presid	lent	%)
l hereby accept I further agree i of my duiles, an document is beil corporation has	the appointment as registered agent of to comply with the provisions of all sto d I am familiar with and accept the of ng filed merely to reflect a change in been notified in writing of this chang	Printed or typed no and agree to act in this capact attites relative to the proper a bligation of my position as re- the registered office address, te.	nie and titie itv. nd comple zistered ei I hereby č	ete perfo gent. Or onfirm t	ormance r if this that the
C T Corporation	System Line DOB	12/10/20			
Sign	nature of Registered Agent	Date		•••	
lf signing on bel	half of an entity:				
Lisa D. DuBo	is, Assistant Secretary				
Ty	ped or Printed Name				
	4 4 4 EVEN EREC' 1	TETET #3 * 100 ± 2 ±			

* * * 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)

By: