

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone

Fax Number : (850)878-5368

*Khter che 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 THE WOODLANDS AT STAGECOACH HOMEOWNERS ASSOCIATION,

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

COVER LETTER

SUBJ	Name of Corporation
DOC	N14000003632
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
	return all correspondence concerning this matter to the following:
- 1000	
	Diana Hernandez
	Name of Contact Person
	CiraConnect
	Firm/Company
	P.O. Box 803555
	Address
	Dallas, TX 75380
	City/State and Zip Code
	RegisteredAgent@ciramail.com
	E-mail address: (to be used for future annual report notification)
For fi	ther information concerning this matter, please call:
Diana	Hernandez 972 380-3522
	Name of Contact Person at () Area Code & Daytime Telephone Number
Enclo	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.050. statement of change is submitted for a corporation organ		-		
in order to change its registered office or registe			_	
1. The name of the corporation: The Woodlands At Stageco	each Homeowners Association, Inc.	<u> </u>	L	
2. The principal office address: 4105 CRESCENT PARK D	DRIVE	1-21		ran jeri
RIVERVIEW, FL 33578		1.* i.	= 	#Hittist Hittist
3. The mailing address (if different):		ini -	نټ	T FY
		T	Ë	Party of the State
4. Date of incorporation/qualification: 04/14/2014	Document number: N14000003632	170 - * 140 - *	٦	
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigne	gent and registered office on file with the		(a)	
KB HOME TAMPA LLC				
4105 CRESCENT PARK DRIVE				
RIVERVIEW, FL 33578				
6. The name and street address of the new registered ager (if changed): C T Corporation System	nt (if changed) and /or registered office			
c/o C T Corporation System, 1200 South P	ine leland Boad			
P.O. Box NOT				
Plantation, Florida 33324				
The street address of its registered office and the street as changed will be identical.	_		gent,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an office tifled in writing of the change.	r so		
m 2/	Michael Jones, Vice President			
I hereby accept the appointment as registered agent and I further ogree to comply with the provisions of all state performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refluence by confirm that the corporation has been notified in	Printed or typed name and title d agree to act in this capacity, utes relative to the proper and complete accept the obligation of my position as re ect a change in the registered office add in writing of this change.	egistered ress, I	d d	
By:	2/3/2015		_	
Signature of Registered Agent	Date			
If signing on behalf of an entity:				
Michael Jones, Assistant Secretary Typed or Printed Name				
* * * FILING FE	E: \$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)