

N14000000 4407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

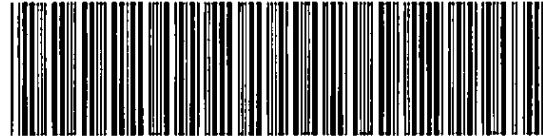
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COVER LETTER

TO: Amendment Section
Division of Corporations

Enclave Residential Community Association Inc.

SUBJECT: _____
Name of Corporation
N14000004407

DOCUMENT NUMBER: _____

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eva Herret

Name of Contact Person
Premier Association Mgmt of Cfl

Firm/Company
3112 W Lake Mary Blvd

Address
Lake Mary, FL 32746

City/State and Zip Code
eva.herret@premiermgmtcfl.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Eva Herret

407 333-7787

Name of Contact Person at (_____) _____
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department 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

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

- Enclave Residential Community Association Inc.
1. The name of the corporation: _____
2. The principal office address: 3112 W. Lake Mary Blvd., Lake Mary, FL 32746
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 7/1/2022 Document number: N14000004407

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)

Associa Community Management Professionals

4700 Millenia Blvd., Suite 515

Orlando, FL 32839

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

Premier Association Management of CFL

3112 W Lake Mary Blvd., Lake Mary, FL 32746

P.O. Box NOT acceptable

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.

DocuSigned by:

Penny Turner

Signature of an officer or director

Penny Turner

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.

Eva Herret
Signature of Registered Agent

10/28/2022

Date

If signing on behalf of an entity:

EVA HERRET
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)

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