

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Sanctuary At Riverview Homeowners' Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N14000005697

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:

Charles Evans Glausier

Name of Contact Person

Glausier Knight, PLLC

Firm/Company

400 N. Ashley Drive, Ste. 2020

Address

Tampa, FL 33602

City/State and Zip Code

cglausier@glausierknight.com

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

For further information concerning this matter, please call:

Charles Evans Glausier

Name of Contact Person

813 440-4600

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2018

CHARLES EVANS GLAUSIER
GLAUSIER KNIGHT, PLLC
400 N. ASHLEY DRIVE - STE. 2020
TAMPA, FL 33602

SUBJECT: THE SANCTUARY AT RIVERVIEW HOMEOWNERS'
ASSOCIATION, INC.
Ref. Number: N14000005697

We have received your document for THE SANCTUARY AT RIVERVIEW HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation. *done*

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 318A00000671

**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: The Sanctuary At Riverview Homeowners' Association, Inc.
2. The principal office address: c/o: Wise Property Management, Inc.
18550 N. Dale Mabry Hwy., Lutz, FL 33548
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/16/2014 Document number: N14000005697

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)

Premier Community Consultants, Inc.

18215 Branch Rd.

Hudson, FL 34667

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

Charles Evans Glausier

400 N. Ashley Dr., Suite 2020

P.O. Box NOT acceptable

Tampa, FL 33602

FILED
2018 JAN 22 PM 4:07
RECEIVED
JAN 22 2018
TAMPA

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.

/s/ Tara Goodman
Signature of an officer or director

Tara Goodman, Director
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.

Charles Evans Glausier
Signature of Registered Agent

1/17/18
Date

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *