

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

N1400 0008031

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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
ENCLAVE AT PALM VALLEY OWNERS' ASSOCIATION, INC.

Certificate of Status	0
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Page Count	03
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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ENCLAVE AT PALM VALLEY OWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N14000008031

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

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

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 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: ENCLAVE AT PALM VALLEY OWNERS' ASSOCIATION, INC.
2. The principal office address: 77 ALMERIA STREET, ST. AUGUSTINE, FL 32084
3. The mailing address (if different): P O Box 1389, ST. AUGUSTINE, FL 32085
4. Date of incorporation/qualification: 08/28/2014 Document number: N14000008031
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)
- ALSOP Property Management, LLC
- 77 ALMERIA STREET
- ST. AUGUSTINE, FL 32084
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- C T Corporation System
- c/o C T Corporation System, 1200 South Pine Island Road
- P.O. Box NOT acceptable
- Plantation, Florida 33324

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.

Ekatere Schwallie
Signature of an officer or director

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.

CT Corporation System
By: Agner B. 5-13-16
Signature of Registered Agent Date

If signing on behalf of an entity:

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

CR211045 (03/12)