

N14 0000 10379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

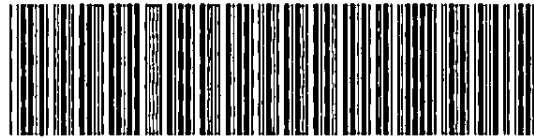
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CHARLESTON COMMONS COMMUNITY ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N1-4000010379

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:

ALEXANDRA SANTANA

Name of Contact Person

VESTA PROPERTY MANAGEMENT

Firm/Company

751 PARK OF COMMERCE DR., STE. 118

Address

BOCA RATON, FL 33487

City/State and Zip Code

ASANTANA@VESTAPROPERTYSERVICES.COM

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

For further information concerning this matter, please call:

ALEXANDRA SANTANA

Name of Contact Person

at (561) 245-4444

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FLORIDA



2020 JUN 29 11:11:11
FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2020

ALEXANDRA SANTANA
751 PARK OF COMMERCE DR
STE. 118
BOCA RATON, FL 33487

SUBJECT: CHARLESTON COMMONS COMMUNITY ASSOCIATION, INC.
Ref. Number: N14000010379

We have received your document for CHARLESTON COMMONS COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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: 820A00012786

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: CHARLESTON COMMONS COMMUNITY ASSOCIATION, INC.
- 2. The principal office address: C/O VESTA PROPERTY MANAGEMENT - 751 PARK OF COMMERCE DR. STE. 118, BOCA RATON, FL 33487
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 11/10/14 Document number: N14000010379
- 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)

ASSOCIATION LAW GROUP, PL
1200 BRICKELL AVE., PH 2000
MIAMI, FL 33131


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

KRAVIT LAW, P.A.
2101 NW CORPORATE BLVD., STE. 410
P.O. Box NOT acceptable
BOCA RATON, FL 33431

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 DIVISION OF CORPORATIONS
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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.

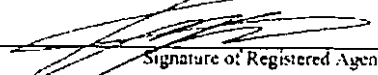


 Signature of an officer or director

RACQUEL N NICHOLSON

 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.



 Signature of Registered Agent

5/22/2020

 Date

If signing on behalf of an entity:
CORY B. KRAVIT, ESQ.

 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 (04/13)