N14000011168

(Requestor's Name)			
(Address)	700335295987		
(Address)	7 0000020001		
(City/State/Zip/Phone #)			
(Business Entity Name)			
(Document Number)	10/21/1301037003 ++85.00		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	<u>2</u> -0 		
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COVER LETTER

TO: Amendment Section Division of Corporations Highland Meadows 2B Homeowners Association, Inc Name of Corporation N14000011168 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: Christopher Lopez Name of Contact Person NPG Financial Services Inc. Firm/Company 5323 Millenia Lakes Blvd Suite 300 Address Orlando, FL 32839 City/State and Zip Code chrislopez@newpowergeneration.us E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (407)437-5907
Area Code & Daytime Telephone Number Christopher Lopez Name of Contact Person

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, 61 statement of change is submitted for a corporation in order to change its registered office or i	organized under the laws of the State of	Florida	nis	
1. The name of the corporation: Highland Mea	adows 2B Homeowners Asso	ociation.	, Inc	
2. The principal office address: 5323 Millenia	Lakes Blvd, Suite 300, Orlar	ndo, FL	3283	39
3. The mailing address (if different):				
4. Date of incorporation/qualification: 12/08/20	Document number: N1400	000111	68	
5. The name and street address of the current register. Florida Department of State: (If resigned, enter re		rith the		
Prime Community Mana	agement		19	
346 E. Central Ave		 1.⊁	:0:	71
Winter Haven, FL 3388	0	•		
6. The name and street address of the new registered (if changed):	d agent (if changed) and /or registered of	fice :	# S 13	-
Christopher Lopez / NPC	G Financial Services, Inc		ند	
5323 Millenia Lakes Blv				
Orlando, FL 32839	ox NOT acceptable			
The street address of its registered office and the s as changed will be identical.	street address of the business office of it	s registere	d agen	nt,
Such change was authorized by resolution duly ad authorized by the board, or the corporation has been				
(1)	President			
Signature of an officer or director I hereby accept the appointment as registered age I further agree to comply with the provisions of al performance of my duties, and I am familiar with a agent. Or, if this document is being filed merely to hereby confirm that the corporation has been noti-	ll statutes relative to the proper and con and accept the obligation of my position	aplete n as registi	ered . I	
US	10/17/2019			
Signature of Registery Agent	Date			
If signing on behalf of an entity:				
Christopher Lopez Typed or Printed Name				

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