

N15000001963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

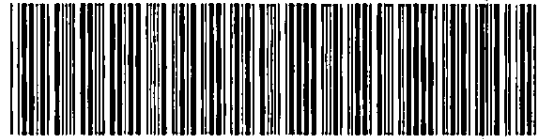
(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Picket Reserve Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N15000001963

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:

Darcie Englert

Name of Contact Person

American Home Team Realty, LLC

Firm/Company

1759 W. Broadway Street, #6

Address

Oviedo, FL 32765

City/State and Zip Code

ddnsenglert@hotmail.com

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

For further information concerning this matter, please call:

Darcie Englert

Name of Contact Person

at **407 359-9500**

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

Contact Person at Leland

Debra Castro <debbieclpr@gmail.com>

Mon 12/10/2018, 4:08 PM

To: Darcie Englert <ddnsenglert@hotmail.com>

Darcie,

During the transition your contact person will be:

Melinda Trinidad

(407)781-1176

MTrinidad@lelandmanagement.com

Let me know if you have any difficulties getting what you need.

Thank You,

Debbie



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2019

DARCIE ENGLERT
AMERICAN HOME TEAM REALTY, LLC
1759 W BROADWAY STREET, #6
OVIEDO, FL 32765

SUBJECT: LAKE PICKETT RESERVE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N15000001963

We have received your document for LAKE PICKETT RESERVE HOMEOWNERS 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):

The registered agent must sign accepting the designation.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 119A00001404

RECEIVED

2019 JAN 30 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FL

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: Lake Pickett Reserve Homeowners Association, Inc.
2. The principal office address: 1759 W. Broadway Street, Suite 6, Oviedo, FL 32765

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 02/24/2015 Document number: N15000001963

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)

Leland Management

6972 Lake Gloria Blvd

Orlando, FL 32809

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

American Home Team Realty, LLC

1759 W. Broadway Street, Suite 6

P.O. Box NOT acceptable

Oviedo, FL 32765

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

Debra Castro

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

11/28/19
Date

If signing on behalf of an entity:

Darcie Englert

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)