

NISU00000 25D

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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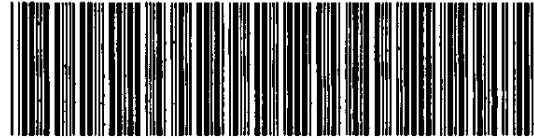
(Business Entity Name)

(Document Number)

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R. WHITE

MAR 26 2018

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18 MAR 23 AM 11:38

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harvest Cove Homeowners Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N15000002872

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:

Heather M Wells

Name of Contact Person

Anytime Property Management Services, LLC

Firm/Company

846 N Cocoa Blvd Suite A

Address

Cocoa FL 32922

City/State and Zip Code

Heather@HOAManagementFLA.com

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

For further information concerning this matter, please call:

Heather M Wells

Name of Contact Person

at **321** 735-8331 ext. 101

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

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: Harvest Cove Homeowners Association, Inc.
2. The principal office address: 846 N Cocoa Blvd Suite A Cocoa FL 32922
3. The mailing address (if different): PO Box 236967 Cocoa FL 32923
4. Date of incorporation/qualification: 3/19/2015 Document number: N15000002872
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)

ARIAS BOSINGER, PLLC 140 N WESTMONTE DR STE 203 ALTAMONTE SPRINGS, FL 32714

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

C/O Anytime Property Management Services, LLC

846 N Cocoa Blvd Ste A

P.O. Box NOT acceptable

Cocoa FL 32922

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.

X Timothy Sindermann
Signature of an officer or director

Tim Sindermann, President
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.

Heather Wells
Signature of Registered Agent

2/28/2018
Date

If signing on behalf of an entity:

Heather Wells, Manager
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)