

N/5000006599

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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: _____

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE
EAGLE POINTE ESTATES HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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Page Count	03
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EAGLE POINTE ESTATES HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N15000006599

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:

JENNIFER HARROFF

Name of Contact Person

CIRACONNECT

Firm/Company

P.O. BOX 803555

Address

DALLAS, TX 75380-3555

City/State and Zip Code

REGISTEREDAGENT@CIRAMAIL.COM

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

For further information concerning this matter, please call:

JENNIFER HARROFF

972

380-3564

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: EAGLE POINTE ESTATES HOMEOWNERS ASSOCIATION, INC.
- 2. The principal office address: 9426 CAMDEN FIELD PARKWAY, RIVERVIEW, FL 33578
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 7/8/2015 Document number: N15000006599
- 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)

F & L CORP
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202

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

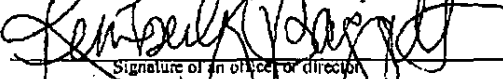
C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

P.O. Box NOT acceptable

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 TALLAHASSEE, FLORIDA
 FLORIDA DEPARTMENT OF STATE

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

Kimberly Baggett

 Assistant Secretary

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.

C T Corporation System
 By: 

 Signature of Registered Agent

8/25/2016

 Date

If signing on behalf of an entity:

MIKE JONES, ASSISTANT SECRETARY

 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)