

N15 000007603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

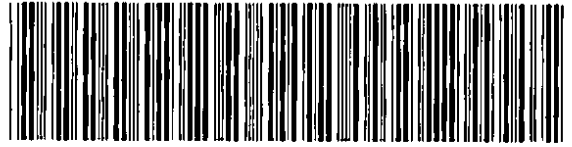
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SECRETARY OF STATE
TALLAHASSEE, FL

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08/10/23

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARRIAGE POINTE PHASE 2 HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N15000007603

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:

Craig Margelowsky

Name of Contact Person

Arkham Services, LLC

Firm/Company

PO Box 5129

Address

Sun City Center, FL 33571-5129

City/State and Zip Code

carriagepointe2@arkhamservices.com

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

For further information concerning this matter, please call:

Craig Margelowsky

Name of Contact Person

at (800) 235-1478

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

**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: CARRIAGE POINTE PHASE 2 HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: PO Box 5129 Sun City Center, FL 33571-5129
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/03/2015 Document number: N15000007603
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)

Resigned

2005 PAN AM CIRCLE Suite 300

TAMPA, FL 33607 US

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

Arkham Services, LLC

1645 Sun City Center Plz. #5129

P.O. Box NOT acceptable

Sun City Center, FL 33571

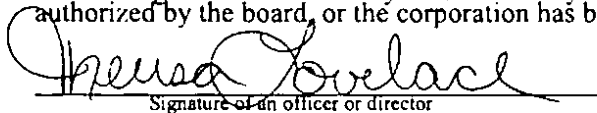
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

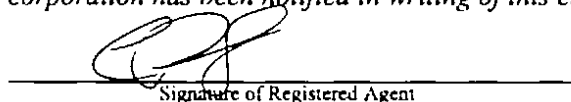
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Lovelace, Theresa - 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.


Signature of Registered Agent

08/05/2023

Date

If signing on behalf of an entity:

Craig Margelowsky - Arkham Services, LLC

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)