Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200002539143)))



H200002539143ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL IN

Account Number : 110432003053

Phone

: (561)694-8107

Fax Number

: (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* 12 C

| Email Address: |  |
|----------------|--|
|----------------|--|

## REGISTERED AGENT CHANGE REDHAWK HOMEOWNERS ASSOCIATION, INC.

| Certificate of Status | 0       |  |  |
|-----------------------|---------|--|--|
| Certified Copy        | 0       |  |  |
| Page Count            | 02      |  |  |
| Estimated Charge      | \$35.00 |  |  |

AUG 0 3 2020

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch   | ange is submitted for a corporati  | , 617.0502, 607.1508, or 617.1508, Florida Sta<br>ion organized under the laws of the State of $\overline{{ m Flo}}$<br>or registered agent, or both, in the State of Flo  | orida   |
|---|--|--|---|
| 1 The name of   | the corporation: REDHAWK HC  | OMEOWNERS ASSOCIATION, INC.  |   |
| 2. The principa   | office address: 2100 S Hiawasse  | ee Rd. Orlando, FL 32835   |   |
| 3. The mailing  | address (if different):  |  |   |
| 4. Date of incom  | poration/qualification: 02/01/201  | 7 Document number: N17000001   | 103   |
|   | d street address of the current reg<br>rtment of State: (If resigned, ente   | pistered agent and registered office on file with<br>er resigned)  | 2020 JI   |
|   | Evergreen Lifestyles Manageme  | ent,LLC  | . ;=<br>ω   |
|   | 2100 S Hiawassee Rd  |  |   |
|   | Orlando, FL 32835  |  | PM 2:   |
| 6. The name and (if changed):   | d street address of the new regista  | ered agent (if changed) and /or registered office  | ,   |
|   | Corporate Creations Network Inc  | ·  |   |
|   | 801 US Highway I   |  |   |
|   | North Palm Beach, FL 33408   | P.O. Box NOT ecceptable  |   |
|   |  | ne street address of the business office of its re   |   |
| such change was   | as authorized by resolution duly<br>ne board, or the corporation has   | adopted by its board of directors or by an off been notified in writing of the change.   | icer so   |
|   | $(\bigcirc )$  | Danielle Gossman, Attorney-in-Fact   |   |
| l hereby accept<br>I further agree to<br>of my duties, and<br>document is bei | the appointment as registered a<br>to comply with the provisions of<br>d I am familiar with and accept<br>ng filed merely to reflect a chan<br>pen notified in writing of this | rosted or typed name and little<br>igent and agree to act in this capacity.<br>all statutes relative to the proper and comple<br>the obligation of my position as registered as<br>ige in the registered office address, I hereby c<br>change. | ete performance<br>zent. Or, if this<br>onfirm that the |
| (   |  | 07/31/2020   |   |
| Sign  | Deure of Registered Agent  | Date   | <u></u>   |
| f signing on be   | half of an entity:   |  |   |
| Danielle Gossma   | n, Special Scoretary   |  |   |
| Ty  | ped 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)