(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## Incorporating Services, Ltd.

incserv<sup>o</sup> 1540 Glenway Drive

Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

Sincerely,

e-mail: accounting@incserv.com

### **ORDER FORM**

FROM

Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com 850-245-6051

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 4/6/2022	PRIORITY Regular Approval	OUR REF_# (Order_ID#) 1024135
ORDER ENTITY PINE GROVE COMMUNITY ASSOC	CIATION, INC.	
PLEASE PERFORM THE FOLLO PINE GROVE COMMUNITY AS File the attached change of age		}
NOTES:\$35.00 Authorized Email address for annual report re	eminders: heidi@lafayette-re.com	
RETURN/FORWARDING INST ACCOUNT NUMBER: 12005000005	RUCTIONS:	
Please bill the above referenced a	ccount for this order.	
If you have any questions please	contact me at 656-7956,	

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Wednesday, April 6, 2022 Page 1 of 1

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.		
	he corporation: Pine Grove Comm			
	office address: 4309 Northern Danc			
3. The mailing a	ddress (if different);			
4. Date of incorp	poration/qualification: March 27, 2	017 Document number: N17000003281		
5. The name and		tered agent and registered office on file with the		
	Smart Solution Systems, Inc.			
	4309 Northern Dancer Way			
	Orlando, FL 32826		2022 APR	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office			
	Incorporating Services, Ltd.			
	1540 Glenway Drive			
	P.O. Box NOT acceptable			
	Tallahassee, FL 32301			
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its registered	agent,	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	is authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.		
Lada		Jackie Lee		
-	eof an officer or director	Printed or typed name and title		
l further agree l of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	ent and agree to act in this capacity. Il statutes relative to the proper and complete perfor he obligation of my position as registered agent. Or e in the registered office address, I hereby confirm thange.	rmance if this hat the	
Ç	lear theit	04/01/2022		
Sign	nature of Registered Agent	Date		
lf signing on be	half of an entity:			
Renee T. Kent, A	Assistant Secretary			
T	sped 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)