NIT (000006785

(Requestor's Name)	
(Address)	
(Address)	<u>.</u>
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of S	Status
Special Instructions to Filing Officer:	
J. HORNE	
JAN - 4 2023	
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Office Use Only



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 31, 2022

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EVA HERRET 3112 W. LAKE MARY BLVD. LAKE MARY, FL 32768 US

SUBJECT: FPV TRADE ASSOCIATION OF AMERICA INC. Ref. Number: N14000006785

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 022A00024420

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Vistas at waters Edge Ito A, Inc. Name of Corporation

DOCUMENT NUMBER: <u>N17000006785</u>

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:

Eua Herret Name of Contact Person	
Premier Association Mant of Control Fla Firm/Company	ude
3112 W. Lake Mary Blud. Address	
Lake Mary FL 32746 City/State and Zip Code	
<u>E-mail address: (to be used for future annual report notification)</u>	

For further information concerning this matter, please call:

Eva Herret	ar (407) 333-7787
Name of Contact Person	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 <u>Street Address:</u> 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 _____

1. The name of the corporation: <u>Nistas attuaters</u> Edge HoA, <u>lnc.</u>	
2. The original office address: 3112 W. Cake Mary DUd.	
La Le Mary, FL Jerro	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 7 1 2022 Document number: NITODOODE795	
5. The name and street address of the current registered agent and registered office on file with the	
Flurida Department of State: (It resigned, enter resigned) <u>Rizze Ha l Company Inc</u> 3434 Colwell Ave, Suite 200	
3434 Colwell Ave Suite 200	
Tampa, FL 33614 \square	
6. The name and street address of the new registered agent (it changes)	
Premier Association Mant of Central Flaude	đđ
3112 W. Lake Mary Blud. PO Box NOT seceptuble	
Lake Mary, FL 32746	

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. res.

Thereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I jurther 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

7/18/2022

Printed or typed name and 11

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail 10, DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (IG/12)