

NR000012580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

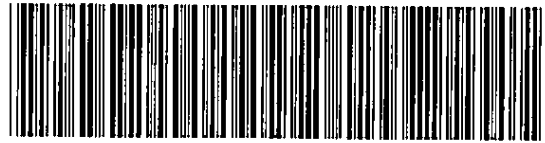
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

JG 10/29/20

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Preserve of Pasco County Community Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N17000012580

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:

Debi LaCroix, LCAM

Name of Contact Person

Access Management

Firm/Company

2970 University Parkway, Suite 101

Address

Sarasota, FL 34243

City/State and Zip Code

dlacroix@accessdifference.com

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

For further information concerning this matter, please call:

Debi LaCroix

Name of Contact Person

at (941) 259-8724

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: The Preserve of Pasco County Community Association, Inc.
2. The principal office address: 2970 University Parkway, Suite 101, Sarasota FL 34243

3. The mailing address (if different): same

4. Date of incorporation/qualification: 12/20/17 Document number: N17000012580

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)

Rizzetta and Company

5844 Old Pasco Rd, Suite 100

Wesley Chapel, FL 33544

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

Access Management

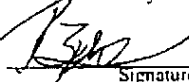
2970 University Parkway, Suite 101

P.O. Box NOT acceptable

Sarasota, FL 34243

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

Ryan Zook, 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

9-15-20
Date

If signing on behalf of an entity:

Deborah LaCroix, LCAM

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)

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TALLAHASSEE, FL
FLORIDA DEPARTMENT OF STATE