(Re	questor's Name)				
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(Bu	siness Entity Name)				
(Document Number)					
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 600335

COST LIMIT

AUTHORIZATION

ORDER DATE : April 6, 2022

ORDER TIME : 2:07 PM

ORDER NO. : 600335-015

CUSTOMER NO: 7285802

## CHANGE OF AGENT

NAME:

ESTERO GRANDE PROPERTY OWNERS ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations SUBJECT: Estero Grande Property Owners Association, Inc. Name of Corporation DOCUMENT NUMBER: N18000000707 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: Ben Engel Name of Contact Person **ECI Group** Firm/Company 2100 Powers Ferry Rd, suite 200 Address Atlanta, GA 30339 City/State and Zip Code bengel@ecigroups.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

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

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Ben Engel

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

			2, 607.1508, or 617.1508, Florida Stat ized under the laws of the State of Flor	,
			red agent, or both, in the State of Flor	ida.
1. The name of	the corporation: Estero	Grande Property Or	wners Association, Inc.	
2. The principal Atlanta, GA 303	office address: 2100 P	owers Ferry Road, S	uite 200	<del></del> -
3. The mailing a	ddress (if different): _			<del></del>
4. Date of incorp	poration/qualification:	01/22/2018	Document number; N180000007	07
5. The name and Florida Depart	d street address of the c tment of State: (If resi	current registered ag gned, enter resigned	ent and registered office on file with the	he
	Marcos Crepaldi			
23421 Walden Center Dr Ste 300				
	Estero, FL 34134			20
6. The name and (if changed):	street address of the r	new registered agent	(if changed) and /or registered office	1022 APR -6
	Corporation Service C	ompany		مسا سمل
	1201 Hays Street			AM 10: 04 SEE, FL
P.O. Box NOT acceptable				
	Tallahassee, FL 32301			<b>9</b>
The street addre as changed will	ss of its registered off be identical.	fice and the street a	ddress of the business office of its reg	gistered agent,
Such change was	s authorized by resolu e board, or the corpor	ution duly adopted l ation has been noti	by its board of directors or by an officied in writing of the change.	cer so
1			Ben Engel Treasurer	
	e of an officer or director		Printed or typed name and title	<del></del>
hereby accept if further agree to find the further agree to find a duties, and to compore the function has	the appointment as re o comply with the pro I I am familiar with a ng filed merely to refl been notified in writi	gistered agent and visions of all statut nd accept the oblig ect a change in the ng of this change.	agree to act in this capacity es relative to the proper and complet ation of my position as registered ag registered office address, I hereby co	e performance ent. Or, if this infirm that the
- Cyl	una Orber	j	04/06/2022	
Signature of Registered Agent		Date		
f signing on bel	nalf of an entity:			
Ту	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)