

NI 80000000 791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

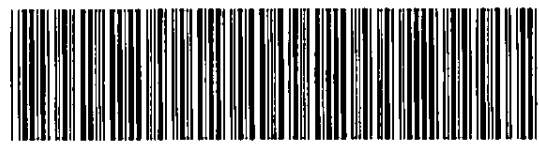
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100314169431

06/04/18--01025--001 **25.00

S TALLENT
JUN 07 2018

R/17-24

FILED
18 JUN - 6 PM 1:48
2018
JUN 06 2018
2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Juniper-Arbor Bend HOA

Name of Corporation

DOCUMENT NUMBER: N18000000791

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:

Benjamin Isip

Name of Contact Person

Towers Property Management

Firm/Company

1320 N. Semoran Blvd., Ste. 100

Address

Orlando, FL 32807

City/State and Zip Code

info@towerspropertymgmt.com ✓

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

For further information concerning this matter, please call:

Benjamin Isip

Name of Contact Person

at (407) 730-9872

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: Juniper-Arbor Bend Homeowners Association, Inc.
2. The principal office address: 1320 N. Semoran Blvd., Ste. 100, Orlando, FL 32807

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/22/18 Document number: N18000000791

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)

CAPITOL CORPORATE SERVICES, INC.

515 EAST PARK AVENUE 2ND FL

TALLAHASSEE, FL 32301

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

Towers Property Management, Inc.

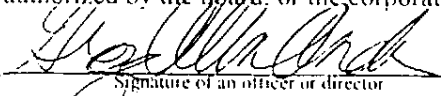
1320 N. Semoran Blvd., Ste. 100

P.O. Box NOT acceptable

Orlando, FL 32807

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

Gregory Allen-Anderson, T

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

5/25/18

Date

If signing on behalf of an entity:

Benjamin Isip

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 (03/12)