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Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : I19990000006 Phone : (407)425-7010

Fax Number : (407)425-2747

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REGISTERED AGENT CHANGE **LAGUNA VILLAGE AT GRAND HARBOR HOMEOWNERS'** ASSOCIATI

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A. RAMSEY

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March 30, 2022

FLORIDA DEPARTMENT OF STATE

LAGUNA VILLAGE HOMEOWNERS ASSOCIATION, INC.
1199 S. PATRICK DR.
SATELLITE BEACH, FL 32937

SUBJECT: LAGUNA VILLAGE HOMEOWNERS ASSOCIATION, INC.

REF: N16000004288

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please fill in the name of the corporation on line #1.

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) 245-6823.

Annette Ramsey OPS

FAX Aud. #: H22000114381 Letter Number: 622A00007422

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: LAGUNA VILLAGE AT GRAND HARBO Name of Corporation	R HOMEOWNERS' ASSOCIATION, INC.
DOCUMENT NUMBER: N18000003968	
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
N. DWAYNE GRAY, JR., ESQ.	
Name of Contact Person	
ZIMMERMAN, KISER & SUTCLIFFE, P.A.	
Firm/Company	
315 E. ROBINSON STREET, SUITE 600	
Address	
ORLANDO, FL 32801	
City/State and Zip Code	
Registered Agent@zksraservices.c	om
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	e call:
Eileen Soto, Legal Assistant	at (407 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Contact Person	at (407) 425-7010 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Depa	artment of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

1. The name of the corporation: LAGUNA VILLAGE AT GRANE	HARBOR HOMEOWNERS' ASSOCATION, INC.
2. The principal office address:	
3. The mailing address (if different):	
4. Date of incorporation/qualification: Do	cument number: N18000003968
5. The name and street address of the current registered agent and Florida Department of State: (If resigned, enter resigned)	registered office on file with the
ZKS Registered Agent Services, LLC	
2231 Falls Circle	2萬30至
Vero Beach, FL 32967	
3. The mailing address (if different):	nged) and /or registered office
315 E. Robinson Street, Suite 600	
EO Box NGT acception of the Company	osii k
The street address of its registered office and the street address as changed will be identical.	of the business office of its registered agent,
Such change was authorized by resolution duly adopted by its bauthorized by the board, or the corporation has been notified in	oard of directors or by an officer so writing of the change.
the control of the co	ayne Gray, Ir., Director
Signature of an officer or director. I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes related involutes, and I am familiar with and accept the obligation of document is being filed merely to reflect a change in the registed corporation has been notified in writing of this change.	Frosted or typed name and title to act in this capacity, live to the proper and complete performance if my position as registered agent. Or, if this red office address. I hereby confirm that the
March	29, 2022
Signature of Registered Agent	Date
If signing on behalf of an entity:	
N. Dwayne Gray, Jr.	
Typed or Printed Name	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassbe, FL 32314 cr26645 (04/13)