

N18 000008947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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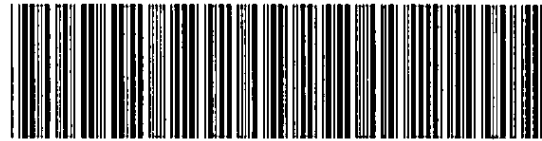
(Business Entity Name)

(Document Number)

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*RA&RO change*

12/21/21--01006--004 \*\*35.00

CLERK OF STATE  
JAN 19 2022

2021 DEC 21 PM 12 51

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A. RAMSEY

JAN 19 2022

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LEGACY ESTATES HOMEOWNER ASSOCIATION  
Name of Corporation INC.

DOCUMENT NUMBER: N18000008947

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:

TAMMI MORRISON

Name of Contact Person

MORRISON MANAGEMENT LLC

Firm/Company

890 Northern way

Address

WINTERS SPRINGS FL 32708

City/State and Zip Code

TAMMI@MORRISONMANAGEMENTLLC.COM

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

For further information concerning this matter, please call:

TAMMI MORRISON

Name of Contact Person

at ( 321 ) 274-2496

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: LEGACY ESTATES HOMEOWNERS ASSOCIATION INC.

2. The principal office address: 890 Northern Way  
Winter Springs FL 32708

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/16/21 Document number: N18000008947

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)  
Lowndes, Drosdeck, Doster, Kantor & Reed  
2100 S Hiawassa EE Rd.  
Orlando, FL 32835

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
MORRISON Management  
890 Northern Way  
Winter Springs FL 32708  
P.O. Box NOT acceptable

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FLORIDA DEPARTMENT OF STATE

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]  
Signature of an officer or director

Christopher Joseph - HOA 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.

Tamm Morrison  
Signature of Registered Agent

12-16-21  
Date

If signing on behalf of an entity:

Tamm Morrison  
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)