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Division of Corporations

Fax Number : (850)617-6380

Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062

Phone : (888)705-7274 Fax Number : (888)706-7274

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email	Address:					
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REGISTERED AGENT CHANGE ENCLAVE AT HAMLIN HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Amendment Section

H220000167123

COVER LETTER

TO:

Division of Corporations SUBJECT: ENCLAVE AT HAMLIN HOMEOWNERS ASSOCIATION, INC. Name of Corporation N19000000809 **DOCUMENT NUMBER:** 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: Mary Castillo Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mary Castillo Area Code & Daytime Telephone Number Name of Contact Person 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

Street Address:

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	provisions of sections 607.0502, ange is submitted for a corporati fer to change its registered office	ion organized	under the laws of th	e State of FLORIDA
	the corporation: ENCLAVE AT	J	ū	-
	al office address: 2600 LAKE D, FL 32751	LUCIEN D	RIVE, SUITE 3	50
	address (if different):		. <u></u>	
4. Date of inco	rporation/qualification: 01/23/2	019	_ Document number	N1900000809
	artment of State: (If resigned, enter		and registered office	e on file with the
	NRAI SERVICES, INC.			
	1200 SOUTH PINE ISLAND	ROAD	<u> </u>	<u></u>
	PLANTATION		FL 33324	
6. The name and (if changed):	d street address of the new register Registered Agent So	•		istered office
	155 Office Plaza Dr.		Suite A	?a
	 	P.O Box NOT	acceptable	177
	Tallahassee	FL	32301	
as changed will				SC P
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has	adopted by it been notified	ts board of directors in writing of the ch	or by an officer so
allera		Jad	ryn Wright, Assistant	· · · · · · · · · · · · · · · · · · ·
1 1	re of an officer or director		Printed or Syper	
I hereby assept I further agree t of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of all am familiar with and accept ng filed merely to reflect a chan been notified in writing of this	gent and agr all statutes re the obligation ge in the regi change.	ee to act in this cap elative to the prope n of my position as stered office addre:	acty. r and complete performance registered agent. Or, if this ss, I hereby confirm that the
Had	anzie H+	01	/12 <i>/</i> 2022	
Sug	nettire of Registered Agent		De	le
If signing on be	half of an entity:			
Mackenzie Hart,	Assistant Secretary			
Ty	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)