

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**N1900005481**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000016730 3)))



H220000167303ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC  
Account Number : I20100000062  
Phone : (888)705-7274  
Fax Number : (888)706-7274

FILED  
2022 JAN 13 AM 11:14  
FLORIDA  
SECRETARY OF STATE

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

Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE**

**ESPLANADE AT AZARIO LAKEWOOD RANCH HOMEOWNERS ASSOCI**

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

RA  
CH

JAN 20 2022

D COUNCIL

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

2022 JAN 13 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FL

H22000016730 3

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ESPLANADE AT AZARIO LAKEWOOD RANCH HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N19000005481

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** at (888) 705-7274  
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

H22000016730 3

**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: ESPLANADE AT AZARIO LAKEWOOD RANCH HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 551 N. CATTLEMEN ROAD, SUITE 200  
SARASOTA, FL 34232

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

4. Date of incorporation/qualification: 05/28/2019 Document number: N19000005481

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)

NRAI SERVICES, INC

1200 SOUTH PINE ISLAND ROAD

PLANTATION

FL 33324

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

Registered Agent Solutions, Inc.

155 Office Plaza Dr. Suite A

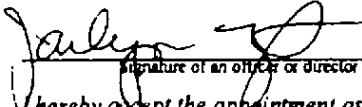
P.O. Box NOT acceptable

Tallahassee

FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

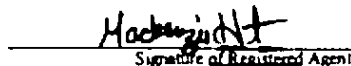
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Jadyn Wnght, Assistant Secretary

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

01/12/2022

Date

If signing on behalf of an entity:

Mackenzie Hart, Assistant Secretary

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

CR2E043 (04/13)

FILED  
2022 JAN 13 AM 11:14  
DIVISION OF STATE  
TALLAHASSEE, FL