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Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

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 COVE AT TWIN RIVERS NEIGHBORHOOD ASSOCIATION, IN

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Page, 4 of 4

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

statement of cha	provisions of sections 607,0502, 61', mge is submitted for a corporation c er to change its registered office or r	organized under the laws of the St	ate of Florida		
	the corporation: Cove at Twin Rivers				
	office address: 2970 UNIVERSITY I		L 34243		
3. The mailing a	address (if different):				
-	poration/qualification: 06/11/2019		19000006110		
5. The name and	d street address of the current register rtment of State: (If resigned, enter re	red agent and registered office on			
	STEARNS WEAVER MILLER WE	ISSLER ALHADEFF & SITTERS	ON, P.A.		
	401 EAST JACKSON STREET, STE 2200				
	TAMPA, FL 33602				
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /or registe	ered office		
	C T Corporation System		2022		
	1200 South Pine Island Road				
	Plantation, Florida 33324	O Box NOT acceptable	18 PB 1		
The street address changed will	ess of its registered office and the s	treet address of the business offic	ce of its régister e agent.		
-	as authorized by resolution duly ad he board, or the corporation has bee	opted by its board of directors or in notified in writing of the chan	by an officer so		
lauren Sch	rand	Lauren Schrand	Director		
I hereby accept I further agree of my duties, a document is be	the appointment as registered age. the appointment as registered age. to comply with the provisions of ali ul I an familiar with and accept the ing filed merely to reflect a change is been notified in writing of this change in System	Printed or typed fin int and agree to act in this capaci I statutes relative to the proper a we obligation of my position as res in the registered office address, ange. 1/14/2022			
Sig	uniture of Registered Agent	Date	<u> </u>		
If signing on be	half of an entity:				
Lisa D. DuB	ois, Assistanat Secretary				
т	yped 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)