

1/18/22 10:09 AM

Division of Corporations

N/A 0000006110

Florida Department of State
Division of Corporations
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REGISTERED AGENT CHANGE
COVE AT TWIN RIVERS NEIGHBORHOOD ASSOCIATION, INC.

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JAN 19 2022

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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: Cove at Twin Rivers Neighborhood Association, Inc.

2. The principal office address: 2970 UNIVERSITY PARKWAY, Suite 101, Sarasota, FL 34243

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/11/2019 Document number: N19000006110

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)

STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON, P.A.
401 EAST JACKSON STREET, STE 2200
TAMPA, FL 33602

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

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

P.O. Box NOT acceptable

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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.

087FE022-5426-4680-9000-000000000000
Lauren Schrand
Signature of an officer or director

Lauren Schrand Director
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.

C T Corporation System
[Signature]
Signature of Registered Agent

1/14/2022
Date

By:

If signing on behalf of an entity:
Lisa D. DuBois, 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
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