

N 200000794

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

((H22000017475 3)))



H220000174753ABC

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 11:49  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

\*\*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 BY THE ISLANDS COMMUNITY ASSOCIATION, INC.

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

RECEIVED

2022 JAN 13 PM 1:07

SECRETARY OF STATE  
TALLAHASSEE, FL

Electronic Filing Menu Corporate Filing Menu

Y. SULKER  
JAN 14 10:10 AM  
Help

H22000017475 3

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ESPLANADE BY THE ISLANDS COMMUNITY ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N20000000794

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**

Name of Contact Person at ( 888 ) 705-7274  
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

H22000017475 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 BY THE ISLANDS COMMUNITY ASSOCIATION, INC.

2. The principal office address: 28100 BONITA GRANDE DRIVE SUITE 102  
BONITA SPRINGS, FL 34135

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

4. Date of incorporation/qualification: 01/24/2020 Document number: N20000000794

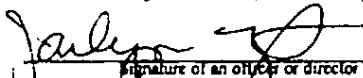
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)  
NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

FILED  
2022 JAN 13 AM 11:49  
TALLAHASSEE  
FLORIDA 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 of an officer or director

Jadyn Wright, 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

01/13/2022  
Date

If signing on behalf of an entity:  
Mackenzie Hart, Assistant Secretary  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*