Division of Corporations

Florida Department of State Division of Contoration

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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

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

Fmail	Address:			
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REGISTERED AGENT CHANGE ESPLANADE AT TRADITION HOMEOWNERS ASSOCIATION OF

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$35.00

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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

TQ: Amendment Section Division of Corporations	
SUBJECT: ESPLANADE AT TRADITION HOMEOWNE Name of Corporation	ERS ASSOCIATION OF ST.LUCIE COUNTY, INC.
DOCUMENT NUMBER: N2000000324	95
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 40	0
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, p	lease call:
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the I	Department of State.
Mailing Address: Amendment Section	Street Address:
	Amendment Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	ange is submitted for a c	corporation organize	607.1508, or 617.1508, Fi ed under the laws of the St ed agent, or both, in the Sta	ate of FLORIDA
1. The name of	the corporation: ESPLAI	NADE AT TRADITION H	OMEOWNERS ASSOCIATION	OF ST.LUCIE COUNTY, INC.
			ROAD, SUITE 200	
	A, FL 34232			
3. The mailing	address (if different):	· 		
4. Date of incor	poration/qualification:	03/19/2020		N20000003245
	rtment of State: (If resig	gned, enter resigned)	nt and registered office on	file with the
	NRAI SERVICES	5, INC		
	1200 SOUTH PINE	ISLAND ROAD		
	PLANTATION		FL 33324	2022
6. The name and (if changed):	d street address of the ne	w registered agent (i	(f changed) and /or register	2022 JAN 1
	Registered Ag	ent Solutions	, Inc.	- Ta
	Registered Ag		, Inc. Suite A	SS T
		Za Dr.	Suite A	SEE, F
		za Dr.	Suite A	SS T
The street addre	155 Office Plaz	za Dr. ₽.O. B∞. NO FL	Suite A	AMIO: 43
as changed will	Tallahassee	P.O. Box NO FL ce and the street add	Suite A OT acceptable 32301	e of its registered agent,
as changed will Such change wa authorized by th	Tallahassee ass of its registered office be identical. as authorized by resolute board, or the corpora	P.O. Box NO FL ce and the street add tion duly adopted by tion has been notifie	Suite A DT acceptable 32301 Press of the business office wits board of directors or ed in writing of the change actyn Wnght, Assistant Secret	e of its registered agent, by an officer so e.
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Such change was authorized by the lighter agree to finy duties, and document is beit corporation has	Tallahassee Talla	P.O. Box NO. FL ce and the street addition duly adopted by thion has been notified issued agent and an issue of all statutes discopt the obligating of this change.	Suite A OT acceptable 32301 Iterss of the business office wits board of directors or end in writing of the change actyn Wright, Assistant Secretarious of the proper and in this capacity relative to the proper and in of my position as registered office address, 701/13/2022	e of its registered agent, by an officer so e. etary

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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