## N20000003436

(Requestor's Name)						
(Address)						
(Address)						
(Addiess)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: PRESERVE AT MAITLAND HOMEOWNERS' AS Name of Corporation	35UC	IATION	i, INC.	<del></del>		
DOCUMENT NUMBER: N20000003436				<del></del>		
The enclosed Statement of Change of Registered Office/Age	nt and	l fee are	submitted	for filing.		
Please return all correspondence concerning this matter to the	e follo	owing:				
John L. Di Masi						
Name of Contact Person						
Di Masi   Burton, P.A.						
Firm/Company						
801 N Orange Avenue #500						
Address						
Orlando, FL 32801						
City/State and Zip Code				_:C3	202	
jdimasi@orlando-law.com				걸읈	<u>ച</u>	4
E-mail address: (to be used for future annual report noti	ficati	on)		ETARY	2023 MAY 16 I	Santage Section
For further information concerning this matter, please call:				: <u>⊖</u> 3 % 3 %	PH 2:	
John L. Di Masi	407	,	839-3383		ယ္	
Name of Contact Person	Arca	Code &	& Daytime 1	Celephone	Numb	er
Enclosed is a \$35.00 check made payable to the Department	of Sta	ite.		-		

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

CR2E045 (04/13)



March 14, 2023

JOHN L DI MASI 801 N ORANGE AVENUE #500 ORLANDO, FL 32801

SUBJECT: PRESERVE AT MAITLAND HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N20000003436

We have received your document for PRESERVE AT MAITLAND HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

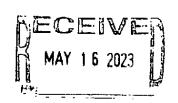
Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 823A00005949



-www.sunbiz.org

## \* STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302 unge is submitted for a corporation organi	ized under the laws of the	State of Florida
	r to change its registered office or registe the corporation:  PRESERVE AT MAITL	•	•
	office address: 801 N Orange Avenue, #		
	address (if different):		
4. Date of incoπ	poration/qualification: 03/25/2020	Document number:	N20000003436
	I street address of the current registered ag tment of State: (If resigned, enter resigned	<del>-</del>	on file with the
	Law Offices of John L. Di Masi, P.A.		
	801 N Orange Avenue, #500		
	Orlando, FL 32801		
6. The name and (if changed):	street address of the new registered agen	it (if changed) and /or regi	HAY 16 RETARY
	801 N Orange Avenue, #500	NOT acceptable	
	Orlando, FL 32801	NOT acceptable	
The street addre	ess of its registered office and the street a be identical.	address of the business o	ffice of its registered agent,
	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors ified in writing of the ch	Mai frisidad
l further agree t of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all statu id I am familiar with and accept the obli- ing filed merely to reflect a change in the s been notified in writing of this change.	d agree to act in this cap ntes relative to the proper gation of my position as gregistered office addres	acity
		12/27	2022
Sign	nature of Registered Agent	Dat	e'
If signing on be	half of an entity:		
John L. Di Mas			
Ty	yped or Printed Name  * * * FILING FF	F· \$35 AA * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)