

10/9/20

Division of Corporations

Florida Department of State

Division of Corporations  
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Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845*Alwhite  
10/12/20*

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Email Address: \_\_\_\_\_

**REGISTERED AGENT CHANGE  
TREELINE TRAILS HOMEOWNERS ASSOCIATION, INC.**

Certificate of Status	0
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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.

- The name of the corporation: TREELINE TRAILS HOMEOWNERS ASSOCIATION, INC.
- The principal office address: 17425 BRIDGE HILL COURT STE 101, TAMPA, FL 33647
- The mailing address (if different): \_\_\_\_\_
- Date of incorporation/qualification: 04/06/2020 Document number: N20000003863
- 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)

DIAZ LEYVA & GIL, PLLC1501 VENERA AVE STE 203CORAL GABLES, FL 33146

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

C T Corporation System1200 South Pine Island RoadP.O. Box NOT acceptablePlantation, Florida 33324

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, or the corporation has been notified in writing of the change.

DocuSign by:

Brian MartinBrian MartinBrian Martin, OfficerOFFICER or directorPrinted 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 System10/9/2020

By:

Lisa D. DuBoisSignature of Registered AgentDate

If signing on behalf of an entity:

Lisa D. DuBois, Assistant SecretaryTyped 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

CR2F045 (04/13)