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.

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Division of Corporations

Fax Number : (850)617-6380

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.

Email	Address:								
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REGISTERED AGENT CHANGE GARDEN HOMES II ON POCIDA AT ESPLANADE NAPLES **CONDOM**

Certificate of Status	0	
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COVER LETTER

Amendment Section

TO:

Name of Corporation	IADE NAPLES CONDOMINIUM ASSOCIATION, INC.
DOCUMENT NUMBER: N200000052	15
The enclosed Statement of Change of Registered	
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	00
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	please call:
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Numbe
ivially Castillo	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations
The Centre of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0302, 61 inge is submitted for a corporation it to change its registered office or	organized u	nder the laws of the	State of FLORIDA
1. The name of	the corporation: GARDEN HOMES II O	N POCIDA AT I	ESPLANADE NAPLES CO	NDOMINIUM ASSOCIATION, INC.
		A GRANE	E DRIVE SUITE	102
	PRINGS, FL 34135			
3. The mailing a	oddress (if different):			
4. Date of incor	oddress (if different): poration/qualification: 05/15/202	20	Document number: _	N20000005215
	street address of the current regist		nd registered office o	on file with the
	NRAI SERVICES, INC	IOAD		
	1200 SOUTH PINE ISLAND R PLANTATION		FL 33324	
6. The name and (if changed):	street address of the new registere Registered Agent Solu		nanged) and /or regist	
	155 Office Plaza Dr.	S	uite A	7022 3131
		P.O Box NOT ax	•	~
	Tallahassee	FL_	32301	6
Such change was authorized by th	s authorized by resolution duly ade board, or the corporation has be	lopted by its en notified i		by by an officer son inge.
1 1 7	of an office of director the appointment as registered age to comply with the provisions of all I am familiar with and accept the tog filed merely to reflect a change been notified in writing of this che	nt and agree I statutes rei e obligation in the regis ange.	Finited or typed notes to act in this capace lative to the proper of of my position as retered office address,	
Hade	wight	01/	12/2022	
Sugning on beh	attre of Registered Agent alf of an entity:		Dete	
	Assistant Secretary			
	ed 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 CR2E045 (04/13)