

1120000009338

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
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From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : I200300000004  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: corpmail@shutts.com

**REGISTERED AGENT CHANGE**  
**FLORIDIAN TOWN CENTER MASTER PROPERTY OWNERS**  
**ASSOCI**

Certificate of Status	0
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2/6/2023 7:21:20 PM PAGE 1/001 Fax Server



February 6, 2023

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

FLORIDIAN TOWN CENTER MASTER PROPERTY OWNERS' ASSOCIATION  
60 14TH STREET, SUITE 104  
BIRMINGHAM, AL 35233US

SUBJECT: FLORIDIAN TOWN CENTER MASTER PROPERTY OWNERS' ASSOCIATION, INC.  
REF: N20000009338

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2023 FEB 9 AM 8:25  
TALLAHASSEE, FL

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

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.

Tammi Cline

FAX Aud. #: H23000047002

Regulatory Specialist II Supervisor

Letter Number: 023A00002857

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Floridian Town Center Master Property Owners' Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N20000009338

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:

Jennifer Slone Tobin, Esquire

Name of Contact Person

Shutts & Bowen LLP

Firm/Company

300 S. Orange Ave., Suite 1600

Address

Orlando, FL 32801

City/State and Zip Code

jstobin@shutts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Slone Tobin, Esquire

Name of Contact Person

at (407)

423-3200

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

CR2E045 (04/13)

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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.

1. The name of the corporation: Floridian Town Center Master Property Owners' Association, Inc.
2. The principal office address: 60 14th Street, Suite 104, Birmingham, AL 35233
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/20/2020 Document number: N20000009338
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)

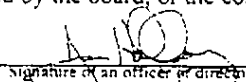
Nathan S. Collier220 N. Main St.Gainesville, FL 32601

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

Corporation Company of Orlando300 South Orange Avenue, Suite 1500 (J3S)P.O. Box NOT acceptableOrlando, Florida 32801

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

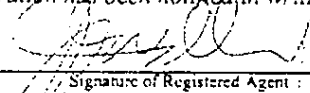
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

James T. Holloway

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

February 8, 2023

Date

If signing on behalf of an entity:

James G. Willard, Officer

Typed 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  
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