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Ta:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

Fax Number

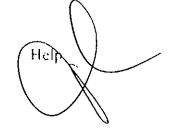
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE
TALICHET AT VENEZIA NORTH HOMEOWNERS' ASSOCIATION, I
Certificate of Status
Certified Conv Page Count 02 \$43.75 Estimated Charge

Electronic Hiling Menu Corporate Filing Menu



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STATEMENT FOR CORPO	r oi Rai	CHANGE OF REGISTERED OFFICE OF TIONS	R REGISTERED AG	ENT OR BOTH
Pursuant to the prov		sions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this		
, ,		s submitted for a corporation organized under the laws of the State of FL		
in orde	r to e	change its registered office or registered agent.	or both, in the State of l	Horida,
1. The name of t	he c	erporation: TALICHET AT VENEZIA NORTH I	IOMEOWNERS' ASSO	CIATION, INC.
2. The principal	ត្សរំថ	de address: 1190 BUSINESS CENTER DRIVE, SU		
		ess (if different):		
4. Date of incorporat		on/qualification: 08/31/2020 Document number: \(\frac{\text{N20000009875}}{\text{Document}}\)		
5. The name and	lstre	eet address of the current registered agent and reg of of State: (If resigned, enter resigned)		ith the
	МŲ	URRAY, JACKIE		I tal
	110	00 BUSINESS CENTER DRIVE, SUITE 2000		2023 JAN 1 1 SELACLARI
	LA	KE MARY, FL 32746		SSE 30 × OF
6. The name and (if changed):	stre	eet address of the new registered agent (if changed) and /or registered office		
	<u>C 1</u>	Corporation System		_
	120	0 South Pine Island Road		
		P.O. Box NOT acceptable		
	Plan	riation, Florida 33324	···	_
The street addre	ss of be id	fits registered office and the street address of t dentical.	he business office of it	s registered agent,
Such change wa authorized by th	s au e bo	thorized by resolution duly adopted by its boat ourd, or the corporation has been notified in wri	d of directors or by an iting of the change.	officer so
Ron	ralo	d Roberts Roman	Roperts	Manager Member
Signature of ac		ad officer or director	Printed or typed name and ti	ile
-1 further agrée to - of my duties, and - document is beir	o co: d I a ug fii beei		v to the proper and con v position as registered l office address. I heref	plete performance Lagent. Or, if this vy confirm that the
Sim	V11111#	01/06/202	Date	
If signing on bel			174112	
Terrie Bates, Assi				
		or Printed Name		
		* * * FILING FEE: \$35.00	: * *	
Mz	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314			

CR2E045 (04/13)

By: