Division of Corporations

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.

(((H22000019683 3)))



H220000196833ABC+

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To:

Division of Corporations

fax Number : (850)617-6380

From:

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.**

REGISTERED AGENT CHANGE SOLIVITA MARKETPLACE PROPERTY OWNERS ASSOCIATION,

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

C. BRUNIBLEY

pg 2 of 3

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COVER LETTER

TO: Amendment Section Division of Corporations

SOLIVITA MAI	DKETDI ACE DDODEDTVO	WNERS ASSOCIATION, INC.
SUBJECT: SOLIVITA WAR		
DOCUMENT NUMBER:_	N20000012831	
The enclosed Statement of Cl	hange of Registered Office/Age	ent and fee are submitted for filing.
Please return all corresponde	nce concerning this matter to th	e following:
Mary Castillo		
Name of Contact Person		
Registered Agent Solutions, Inc	4	
Firm/Company		········
Corporate Center One, 5301 So	uthwest Pkwy, Ste 400	
Address		
Austin, Texas 78735		
City/State and Zip Code		_
E-mail address: (to be used	for future annual report not	ification)
For further information conce	rning this matter, please call:	
Mary Castillo	at	(888)7 05-7 27 4
Name of Cont	act Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check m	ade payable to the Department	of State.
Mailing Address Amendment So		et Address:
Amenament Se Division of Co		ndment Section
P.O. Box 6327	•	sion of Corporations Centre of Tallahassee
F.O. DOX UJ47	inc	COURT OF TANAMAREE

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

2. The principal office address: 2600 LAKE LUCIEN DRIVE, SUITE 350 MAITLAND, FL 32751 3. The mailing address (if different): 4. Date of incorporation/qualification: 11/13/2020 Document number: 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) NRAI SERVICES, INC. 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc. 155 Office Plaza Dr. Suite A P.O. Bea NOT acceptable Tallahassee FL 32301 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. Jacyn Wright, Assistant Secretary Printed or spice in more useful? If arther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and a first familiar with and accept the obligation of my spiciton are greatered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. 15 Supplied and spice of the provisions of all statutes relative to the proper and complete performance of my duties, and a part familiar with and accept the obligation of my spiciton as pastianed agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. 15 Determined the spice of the proper and complete performance of my duties. And a part familiar with and accept the obligation of my spiciton and application of the proper of the proper of the proper of the	statement of cha	provisions of sections 607.0502, a inge is submitted for a corporation or to change its registered office of	n organizea	under the laws of the	State of FLORIDA	<u> </u>
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Signature of Registered Agent Date If signing on behalf of an entity:	1 7	7.1	ent and agr Il statutes r ne obligation in the reginange.	, ,		mance if this at the
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Mackenzie Hart, Assistant Secretary	If signing on beh	alf of an entity:				
Tond on Donated Name						

* * * FILING FEE: \$35.00 * * *