Division of Corporations

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(((H22000016696 3)))



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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.

E	Address:		
CINGLE	AUULESS:		

REGISTERED AGENT CHANGE ECHO PARK COMMUNITY ASSOCIATION, INC.

Certificate of Status	0
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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ Name	CT: ECHO PARK COMMUNITY ASSOCIATION, INC
DOCU	MENT NUMBER: N21000000455
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
_	ry Castillo
	of Contact Person
-	red Agent Solutions, Inc.
	ompany
•	ate Center One, 5301 Southwest Pkwy, Ste 400
Addre	
	Texas 78735
City/S	ate and Zip Code
E-ma	address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
Ma	ry Castillo Name of Contact Person Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

⊙ 01/12/2022 2:40 PM

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STATEMEN FOR CORPO	T OF CHANGE OF REGISTER DRATIONS	RED OF	FICE OR REGISTEI	RED AGENT OR BOTH	
	provisions of sections 607.0502, 61 ange is submitted for a corporation				
	er to change its registered office or				
1. The name of	the corporation: ECHO PARK CO	NUMMC	IITY ASSOCIATION, I	NC	
2. The principa TAMPA, FI	10111Ce address:	UI PAI	LM DRIVE, SUITE	108	
3. The mailing	address (if different):			N21000000455	
4. Date of inco	poration/qualification: 01/11/20	21	Document number:	N21000000433	
	d street address of the current regist irtment of State: (If resigned, enter r NRAI SERVICES, INC.			on file with the	
	1200 SOUTH PINE ISLAND R	:OAD			
	PLANTATION		FL 33324	2022 SF1	
6. The name and (if changed):	d street address of the new registere Registered Agent Solu			713 7145	-
	155 Office Plaza Dr.		Suite A	AM II:	ָׁ כ
	Tallahassee	FL	32301	:17	
The street address changed will	ess of its registered office and the s	itreet add	lress of the business of	fice of its registered agent,	
•	as authorized by resolution duly ad ne board, or the corporation has be	lopted by en notifie	y its board of directors of ed in writing of the cha	x by an officer so nge.	
Jallyo		Jä	actyn Wright, Assistant Se		
1 1 7	the appointment as registered age o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this chi	nt and ag I statutes e obligat in the re ange.	Printed or tiped in gree to act in this capac irelative to the proper tion of my position as re gistered office address,		
Hode	things	0	01/12/2022		
Sugning on bel	nalf of an entity:		Desc		
	Assistant Secretary				
Ту	ped or Printed Name				
	* * * FILING	G FEE: !	\$35.00 * * *		