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Division of Corporations

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Division of Corporations

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Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 : (888)705-7274 Phone Fax Number : (888)796-7274

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REGISTERED AGENT CHANGE SILVER RIDGE COMMUNITY ASSOCIATION, INC.

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JAN 13 2022

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SILVER RIDGE COMMUNITY ASSOCIATION, INC.
Name of Corporation
DOCUMENT NUMBER: N21000000819
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:
Mary Castillo
Name of Contact Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
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, please call:
Mary Castillo Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person 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

1122000010237 0

Pursuant to th	he provisions of sections 607.0502	2, 617.0502, 60	7.1508, or 617.150	8, Florida Statutes, th	is
statement of c	hange is submitted for a corporat	tion organized	under the laws of th	he State of FLORIDA	
in or	rder to change its registered office	or registered	agent, or both, in th	ne State of Florida.	
1. The name of	of the corporation:SILVER RID	GE COMMU	NITY ASSOCIATION	ON, INC.	
2. The princip TAMPA, FL	al office address	NUT PALM DI	RIVE, SUITE 108		
3. The mailing	g address (if different):				
4. Date of inc	corporation/qualification: 01/21/2	2021	Document number	r: N21000000819	
5. The name a Florida Dej	and street address of the current repartment of State: (If resigned, ent	gistered agent ter resigned)	and registered offic	e on file with the	
	NRAI SERVICES, INC.				Z A
	1200 SOUTH PINE ISLANI	D ROAD			SECURE IAN
6 The name o	PLANTATION	tered agent (if	changed) and /or re	pistered office	- 1938 - 1938 - 1938
6. The name a	and street address of the new registly: Registered Agent S	Solutions,	changed) and /or re	gistered office	- Sm ² < r
	and street address of the new registly:	Solutions,	changed) and /or re Inc. Suite A	gistered office	Y OF STATE SEE, FLORIE
	and street address of the new registly: Registered Agent S	Solutions,	changed) and /or re Inc. Suite A	gistered office	Y OF STATE SEE, FLORIE
(if changed The street add as changed w	Registered Agent S 155 Office Plaza Dr Tallahassee	PO Box NOT FL the street address	changed) and /or relation. Suite A acceptable 32301 ess of the business	office of its registered	CY OF STATE SEE, FLORIDA
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(if changed The street add as changed w Such change s authorized by	Registered Agent S 155 Office Plaza Dr Tallahassee dress of its registered office and to the identical. was authorized by resolution duly the board, or the corporation has	PO Box NOT FL the street address been notified	changed) and /or re Inc. Suite A acceptable 32301 ess of the business ts board of director I in writing of the clary whight, Assistant	office of its registered rs or by an officer so change.	CY OF STATE SEE, FLORIDA
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* * * 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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