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.

(((H22000016655 3)))



H220000166553ABC.

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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.\*\* Theorems.

Email Address:\_\_\_\_

REGISTERED AGENT CHANGE COACH HOMES ON ZENO AT ESPLANADE BY THE ISLANDS COND

Certificate of Status Certified Copy 01 Page Count Estimated Charge \$35.00 C. BRUMBLEY

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## H220000166553

## **COVER LETTER**

TO: Amendment Section

Division of Corporations				
SUBJECT: COACH HOMES ON ZENO AT ESPLANADE BY THE Name of Corporation	ISLANDS CONDOMINIUM ASSOCIATION, INC.			
DOCUMENT NUMBER: N21000002741				
The enclosed Statement of Change of Registered Off	ice/Agent and fee are submitted for filing.			
Please return all correspondence concerning this mar				
Mary Castillo				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company	<del></del>			
Corporate Center One, 5301 Southwest Pkwy, Ste 400				
Address	<del></del>			
Austin, Texas 78735				
City/State and Zip Code				
E-mail address: (to be used for future annual rep	ort notification)			
For further information concerning this matter, please	e call:			
Mary Castillo	at (888 ) 705-7274  Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Depa	artment of State.			
Mailing Address: Amendment Section	Street Address:			
	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee			
r.U. DOX 0327	THE CENTE OF TRIBINASSEE			

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

	provisions of sections 607.0502, 617. ange is submitted for a corporation of						
	er to change its registered office or re						
1. The name of	the corporation: COACH HOMES ON ZEN	O AT ESPI	ANADE BY THE ISLANDS O	ONDOMINIUM AS	SOCIATION,	INC.	
2. The principa BONITA SF	office address: 28100 BONITA PRINGS, FL 34135	GRAN	IDE DRIVE, SUIT	E 102			
3. The mailing	address (if different):		- <u>-</u>	1010000			
4. Date of incor	ncorporation/qualification: 03/05/2021 Document number: N21000002741						
	d street address of the current register rtment of State: (If resigned, enter res	_	t and registered office	on file with th	he		
	NRAI SERVICES, INC.						
	1200 SOUTH PINE ISLAND RO	AD	-		- <del> </del>	2022	
	PLANTATION		FL 33324			022 JAN 13	
6. The name and (if changed):	street address of the new registered a	•		stered office	AK DES	13 // 11:37	
	<del></del>	<u> </u>		<del></del>	円置	<del></del> ယ	
	155 Office Plaza Dr.		Suite A		• • • •	7	
	Tallahassee	FL	32301				
The street addre	ess of its registered office and the strube identical.	eet addr	ess of the business of	fice of its reg	istered ag	ent.	
Such change wa authorized by th	is authorized by resolution duly adop the board, or the corporation has been	notified	its board of directors I in writing of the cha	or by an officinge.	cer so		
Melen		Jac	dyn Wright, Assistant S	ecretary			
1 17	e at an attricts or director	_	Printed or types			_	
hereby accept a further agree to off my duties, and to coment is being corporation has	the appointment as registered agent a comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in been notified in writing of this chan	and agr latutes i obligation the reg	ree to act in this capa relative to the proper on of my position as r istered office address	city. and complete egistered age i, I hereby col	e perform thi. Or if nfirm that	ance this the	
Made	wind +	0	1/12 <i>/</i> 2022				
Sugn	ettile of Registered Agent	_	Dete			_	
If signing on beh	nalf of an entity:						
Mackenzie Hart,	Assistant Secretary						
Тут	ped or Printed Name						
	* * * FILING	FEE: S	35.00 * * *				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)