

1721000011627

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6350

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Account Name : C T CORPORATION SYSTEM
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2023 JAN 25 PM 4:41

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

2023 JAN 25 AM 8:03

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REGISTERED AGENT CHANGE
WATERCRESS COVE HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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Corporate Filing Menu

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: WATERCRESS COVE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 425 COMMERCIAL CT STE G VENICE, FL 34292
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/28/2021 Document number: N21000011627
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)

WADE, RYAN

425 COMMERCIAL CT STE G VENICE, FL 34292

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

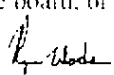
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.


Signature of an officer or director

Ryan Wade

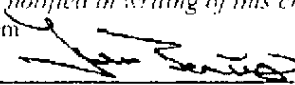
General Manager

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System

By:


Signature of Registered Agent

01/06/2023

Date

If signing on behalf of an entity:

Terrie Bates, Assistant Secretary

Typed or Printed Name

* * * FILING FEE: \$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)

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