MAINGMAIL

(Requestor's Name)					
(Add					
(Address)					
(Address)					
,					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
\$					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
_					
J. HORNE MAY 16 2024					
HOKI					
3. 18 300.					
WAI,					

Office Use Only



900429842959

RECEIVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	05/13/2024	
	Patrice Rush	_
Reference	2327092	
		NDOMINIUM ASSOCIATION, INC.
☐ Arti	cles of Incorporation/Authorization	n to Transact Business
Am	endment	
✓ Cha	ange of Agent	
☐ Rei	nstatement	
Cor	nversion	
☐ Me	rger	
☐ Dis	solution/Withdrawal	
☐ Fict	titious Name	
Oth	ner	
Authorized	d Amount: \$35.00	
Signature:	Profile	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:05/13/2024
Name:Patrice Rush
Reference #:
Entity Name: LEGACY COMMONS CONDOMINIUM ASSOCIATION, INC.
Articles of Incorporation/Authorization to Transact Business
Amendment
✓ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
Fictitious Name
Other
Authorized Amount: \$35.00
Signature:

F: 800.944.6607

F: +852.2682.9790



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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Fl ation organized under the laws of the Sta ce or registered agent, or both, in the Sta	ate of Florida
1. The name of t	ne corporation: LEGACY	COMMONS CONDOMINIUM	ASSOCIATION, INC
		e	
3. The mailing a	ddress (if different):		
4. Date of incorp	oration/qualification: Octo	ober 1, 2021 Document number:	N21000011766
	street address of the current tment of State: (If resigned, e	registered agent and registered office on ner resigned)	file with the
	SUNDIN	I, GLENN T, ATTY.	
	560 HIDE	DEN CREEK DRIVE	
	MERRITT	ISLAND, FL 32952	
6. The name and (if changed):	street address of the new reg	istered agent (if changed) and /or registe	6 1
	115 North Calho	oun St., Suite 4	F 1 2024 MAY
	Tallahassee, FL	PO Box NOT acceptable	15 4
The street addre	ss of its registered office and be identical.	the street address of the business office	ce of its registered agent.
Such change wa	s authorized by resolution de board, or the corporation h	uly adopted by its board of directors or has been notified in writing of the chang	by an officer so $\frac{\omega}{\omega}$
	e of an allacor or director	Mike Moriey Aut	thorized Person
I further agree in performance of agent. Or if the	o comply with the provision. my duties, and I am familiar s document is being filed me	ed agent and agree to act in this capacies of all statutes relative to the proper as with and accept the obligation of my purely to reflect a change in the registeren notified in writing of this change.	na complete position as registered
/s/ Timothy Mayville		4/25/2024	
	nature of Registered Agent	Dque ,	

Timothy Mayville , Assistant Secretary

Typed or Printed Name

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