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		: REGISTERED AG	ENT SOCUTIONS IN	C	
	Account Numbe	r : I20100000062			٠.
	Phone	: (888)705-7274	•		$=$ $\frac{1}{2}$ $\frac{1}{2}$
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H22000017430 3

COVER LETTER

TO:	Amendment Section
	Division of Corporations

Mary Castillo		at (888	705-7274 de & Daytime Telephone Numbe
	5		
For further information conce	ming this matter, please cal	1:	
E-mail address: (to be used	for future annual report r	notification)	
City/State and Zip Code			
Austin, Texas 78735			
Address			
Corporate Center One, 5301 So	ithwest Pkwy, Ste 400		
Firm/Company			
Registered Agent Solutions, Inc			
Name of Contact Person			
Mary Castillo			
Please return all corresponder	ice concerning this matter to	the following	og;
The enclosed Statement of Cl	lange of Registered Office/	Agent and fee	are submitted for filing.
DOCUMENT NUMBER:_	N21000012818		
Name of Corporation			
SUBJECT: ESPLANADE P			

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassec, FL 32303

Street Address:

CR2E045 (04/13)

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

				.1508, or 617.1508, i inder the laws of the S	Florida Statutes, this State of FLORIDA	_
				gent, or both, in the S		
1. The name of	the corporation:	ESPLANADE AT	WESTVIE	W HOMEOWNER	S ASSOCIATION, IN	<u>C.</u>
2. The principal MAITLAND		2600 LAKE LUG	CIEN DE	R STE 350		
3. The mailing a	address (if differ	rent):				
4. Date of incorp	poration/qualific	cation: 11/03/202	1	Document number: _	N21000012818	
5. The name and	d street address ortment of State:	of the current register (If resigned, enter re	red agent a	nd registered office o	on file with the	
	NRAI SER	VICES, INC				
	1200 S PIN	NE ISLAND RD				
	PLANTA	ΓΙΟΝ		FL 33324		
6. The name and (if changed):	street address o	of the new registered	agent (if cl	nanged) and for regist	tered office	3072 J
	Registere	d Agent Solut	tions, Ir	nc.	2.47 2.427.	
	155 Office	e Plaza Dr.	S	uite A		ω l
	Tallahass		FL_	32301	100 100	113 MIII: 50
The street address changed will	ss of its register	red office and the str	reet addres.	s of the business off	ice of its registered ag	ent,
				board of directors on writing of the char		
ally	e of an officer or diffe		Jady	n Wnght, Assistant Se	•	_
hereby a cept to a further agree to of my duties, and document is bein corporation has			t and agree statutes rei obligation n the regis nge.	***	city. Ind complete performo gistered agent. Or if I hereby confirm that	nce this the
Hode	thouse		01/	13/2022		
2 Milita	illire <u>al Registerni</u> A	gent		Dute		_
If signing on beh	alf of an entity:					
Mackenzie Hart, A		γ				
Тур	ed 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)