Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
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REGISTERED AGENT CHANGE MAINGATE VILLAGE CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu



To:

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

statement of ci	hange is submitted for a corporation org	9502, 607.1508, or 617.1508, Florida Statute ganized under the laws of the State of <mark>Florida</mark> gistered agent, or both, in the State of Florida	<u> </u>
1. The name o	f the corporation: MAINGATE VILLAC	GE CONDOMINIUM ASSOCIATION, INC.	
	•	ON MEMORIAL HIGHWAY, KISSIMME. FL	. 34747
3. The mailing	address (if different):		
4. Dateofincor	poration/qualification: 1/13/2022	Document number: N22000000329	
	nd street address of the current registere artment of State: (If resigned, enter resigned.	d agent and registered office on file with the gned)	
	LANDMARK ASSOCIATION SERV	ICES LLC	
	8660 W IRLO BRONSON MEMORIAL HIGHWAY		2021
	KISSIMMEE, FL 34747		.024 JAN 30
6. The name at (ifchanged)	_	gent (if changed) and /or registered office	
	C T Corporation System		64 6: 52
	1200 South Pine Island Road		
	P.O. Plantation, Florida 33324	Box NOT acceptable	
The street add as changed wi	ress of its registered office and the stre Il be identical.	ret address of the business office of its regis	tered agent.
Such change vauthorized by	vas authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an office notified in writing of the change.	rso
History " & Bake		Kathryn McBride, Secretary	
Ziāua	ture of an officer or director	Printed or typed name and title	
of my dutiés, a document is bi corporation h	ind I am familiar with and accept the c eing filed merely to reflect a change in as been notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and complete phligation of my position as registered agen the registered office address, I hereby conj ge.	performance t. Or, if this firm that the
C T Corporation	on System The take Prodons	1/11/2024	
Š	ignature of Registered Agent	Date	
If signing on b	ochalf of an entity:		
Natalie Pickens	s, 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)

By: