

(((H25000100009 3)))

N220000003408

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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.

(((H25000100009 3)))



H250001000093ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.
Account Number : I19990000006
Phone : (407)425-7010
Fax Number : (407)425-2747

2025 MAR 18 AM 11:32

RECEIVED

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

Email Address: corporate@zkslaw.com

REGISTERED AGENT CHANGE**TWIN CREEKS AT CHAPEL CROSSINGS HOMEOWNERS ASSOCIATI**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2025 MAR 18 PM 8:14
SECRETARY OF STATE
TALLAHASSEE, FL

F11:57

Electronic Filing Menu

Corporate Filing Menu

Help

(((H25000100009 3)))

DocuSign Envelope ID: 1432AA50-8923-45BE-B6D9-7F787CE9F97A

(((H25000100009 3)))

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Twin Creeks at Chapel Crossings Homeowners' Association Inc.
2. The principal office address: 6972 Lake Gloria Blvd Orlando, Florida 32809
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/6/2022 Document number: N22000003408
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)

resigned

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

ZKS REGISTERED AGENT SERVICES, LLC315 E. ROBINSON STREET, SUITE 600P.O. Box NOT acceptableORLANDO, FL 32801

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.

Tom GriggsSignature of an officer or directorTom GriggsPrinted 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.

Matthew G. PetraSignature of Registered Agent3/14/2025 | 7:09 PDTDate

If signing on behalf of an entity:

Matthew G. PetraTyped 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)

(((H25000100009 3)))