

N22 0000 003597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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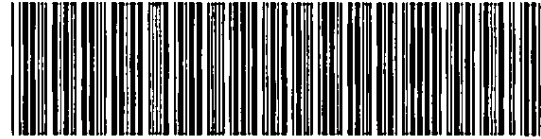
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Registered Agent Change
Name of Corporation _____

DOCUMENT NUMBER: N22000003597

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Martha Ledford

Name of Contact Person

TRIAD Association Management, Inc.

Firm/Company

711 W Main St.

Address

Leesburg, FL 34748

City/State and Zip Code

Martha@TRIADassocmgmt.com

E-mail address: (to be used for future annual report notification) _____

For further information concerning this matter, please call:

Martha Ledford

Name of Contact Person

at (352) 602-4803

Area Code & Daytime Telephone Number

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of the corporation: PHILLIPS LANDING RESIDENTIAL ASSOCIATION, INC.
2. The principal office address: 711 W Main St. C/O TRIAD Association Management
Leesburg, FL 34748
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/11/22 Document number: N22000003597
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)
THE MELROSE MANAGEMENT PARTNERSHIP, L.L.C.
1600 WEST COLONIAL DR
ORLANDO, FL 32804
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
TRIAD ASSOCIATION MANAGEMENT
711 W MAIN ST
P.O. Box NOT acceptable
LEESBURG, FL 34748

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.

Atino Secor President Atino Secor
Signature of an officer or director 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.

Martha Ledford President 7/11/22
Signature of Registered Agent Date

If signing on behalf of an entity:

Martha Ledford
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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