9:25/23, 3:26 PM Division of Corporations

n23000007550

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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

From:
Account Name : VCORP SERVICES, LLC
Account Number : I20080000867
Phone : (845)425-0077
Fax Number : (845)818-3588

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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2023 OCT -2 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

PRESERVE AT POINCIANA HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PRESERVE AT POINCIANA HOMEOWNERS ASSOCIATION, Inc
Name of Corporation

DOCUMENT NUMBER: N23000007550

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:

Taylor Ryan
Name of Contact Person

Vcorp Agent Services, Inc
Firm/Company

25 Robert Pitt Drive Suite 204
Address

Monsey, NY 10952
City/State and Zip Code

taylor.ryan@wolterskluwer.com
E-mail address: (to be used for future annual report notification)

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2023 OCT -2 AM 9:23
TALLAHASSEE, FL

For further information concerning this matter, please call:

Taylor Ryan at (888) 528.2677 EXT 2906245
Name of Contact Person 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

CR2E015(04/15)

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: PRESERVE AT POINCIANA HOMEOWNERS ASSOCIATION, Inc

2. The principal office address:
515 N FLAGLER DRIVE STE 210, West Palm Beach, FL 33401

3. The mailing address (if different):

4. Date of incorporation/qualification: 06/21/2023 Document number: N23000007550

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)

PRIME COMMUNITY MANAGEMENT, LLC

346 CENTRAL AVE

WINTERHAVEN, FL 33880

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2023 OCT -2 AM 9:24
TALLAHASSEE, FL

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

Vcorp Agent Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Signature of an officer or director — Steven Figari, President (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.

Vcorp Agent Services, Inc.

By: Anthony Palazzo — 09/29/2023

Signature of Registered Agent — Date

If signing on behalf of an entity:

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)