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## Horida Department of State

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CT 25 /[!!

## REGISTERED AGENT CHANGE JONATHAN HARBOUR TOWNHOME ASSOCIATION, INC.

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

statement of change is submitted for a corporation organized under the laws of the State of FI in order to change its registered office or registered agent, or both, in the State of FI			
1. The name of the corporation: Jonathan Harbour Townhome Association, Inc.			
2. The principal office address: 1520 Royal Palm Square Blvd 360, Fort Myers, Florida 33919	<u></u> .	<del></del>	
3. The mailing address (if different):			
4. Date of incorporation/qualification: 02/22/1990 Document number: N36747			
5. The name and street address of the current registered agent and registered office on file with Florida Department of State: (If resigned, enter resigned)		20.	
Steven Mackesy	<i>:</i>	230	
1520 Royal Palm Square Blvd 360		2023 OCT 25	
Fort Myers, Florida 33919		5	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	ce	H 5: 08	
John W. Hilbert II		~	
17056 Marina Cove Lane			
P.O. Box NOT acceptable			
Fort Myers, Florida 33908			
The street address of its registered office and the street address of the business office of its as changed will be identical.	registered	l agent,	
Such change was puthorized by resention duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change.	fficer so	£,	<b>2</b> 65
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 comp of my duties, and I am familiar with and accept the obligation of my position as registered document is heing filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	olete perfo agent. ()i i confirm t	rmance r, if this hat the	^
Signature of Registered Agent October 24,	200	23	
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)