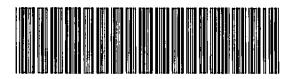
N46193

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
(City/State/2/p/Priorie #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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JUL 2 6 2021 I ALBRITTON

COVER LETTER

то:	Amendment Section Division of Corporations			
SUBJ Name	ECT: The Preserve in Bonita Homeowners A of Corporation	ssociation. Inc		
DOCU	JMENT NUMBER: N46193			
The en	iclosed Statement of Change of Registered	d Office/Agent and fee	e are submitted for filing.	
Please	return all correspondence concerning this	s matter to the following	ng:	
Tracie	Green			
Name	of Contact Person			
The Pr	eserve in Bonita Homeowners Association			
Firm/C	Company			
27400	Tortoise Trail			
Addres	58			
Bonita	Springs, FL 34135			
City/S	tate and Zip Code			
	mrgreenscreens@comcast.ne			
E-mai	l address: (to be used for future annua	Treport notification)		
For further information concerning this matter, please call:				
Thoma	s Scanlon	at (952	200-7563	
	Name of Contact Person	Area Co	200-7563 nde & Daytime Telephone Number	
Enclos	ed is a \$35,00 check made payable to the	Department of State.		
	Mailing Address: Amendment Section Division of Corporations	Street Addres Amendment ! Division of C	Section	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	ne provisions of sections 607.0302, 617.0302, 607.1308, hange is submitted for a corporation organized under th der to change its registered office or registered agent, of	e laws of the State of Florida		
1. The name of:	of the corporation: The Preserve in Bonita Homeowners As	ssociation, Inc		
	pal office address: 27400 Tortoise Trail Bonita Springs. F			
3. The mailing a	g address (if different):			
4. Date of incorp	orporation/qualification: Docum	ent number: N46193		
5. The name and	and street address of the current registered agent and regionartment of State: (If resigned, enter resigned)			
	Henderson Franklin			
	1715 Monroe St	202)		
	Ft Myers, FL 33902	and for registered office 1 PH 1:3		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Tracie Green			
	27400 Tortoise Trail	36		
PO Box NOT acceptable				
	Bonita Springs FL 34135			
The street addreas changed will	fress of its registered office and the street address of the identical.	e business office of its registered agent.		
Such change wa authorized by th	was authorized by resolution duly adopted by its board the board, or the corporation has been notified in write	of directors or by an officer soing of the change.		
Thom	nos Teanlon Thomas Sc	anlon President		
_	ature of an officer or director	Printed or typed name and fife		
1 juriner agree l of my duties, an document is bei	pt the appointment as registered agent and agree to ac e to comply with the provisions of all statutes relative t and I am familiar with and accept the obligation of my seing filed merely to reflect a change in the registered of as been notified in writing of this change.	et in this capacity, to the proper and complete performance position as registered agent. Or, if this office address, I hereby confirm that the		
Trans	6/23/2021			
Sig	Signature of Registered Agent	Date		
lf signing on be	behalf of an entity:			
Tracie Green				
.1.	Typed or Printed Name			

* * * FILING FEE: \$35.00 * * *