N49833

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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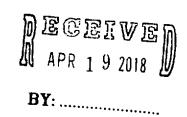
MAY 0 4 2018

COVER LETTER

Division of Corporations
SUBJECT: Island Cove Villas at Meadow Woods Hemeowners Name of Corporation
DOCUMENT NUMBER: N49833
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:
Name of Contact Person Sutherland Management, Inc. Firm/Company
Address Alpopta, IL 32703 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Theresa Su-therland at (407) 774-7262 Name of Contact Person at (407) 774-7262 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 Clifton Building Tallahassee, FL 32314 Zefor El 32301

TO: Amendment Section





April 16, 2018

THERESA SUTHERLAND SUTHERLAND MANAGEMENT INC 107 N. LINE DRIVE APOPKA, FL 32703

SUBJECT: ISLAND COVE VILLAS AT MEADOW WOODS HOMEOWNERS'

ASSOCIATION, INC. Ref. Number: N49833

We have received your document for ISLAND COVE VILLAS AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

An officer/director of the corporation must sign the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 318A00007624

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18 MAY -3 PH 2: 00

SECRETARY OF STATE

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 ofin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Is land Cove Villar at Meadow Woods Homeowners Assaration
2. The principal office address: 107 N. Line Drive
Doopka 11 32703
3. The mailing address (if different):
Nu o o o o
4. Date of incorporation/qualification: 3-1-18 Document number: N49833
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)
Pinnacle Property Management, LLC
1511 East SR 434 Ste. 7001
Winter Springe, 71 32708
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Theresa Sutherland
107 V. Line Drive P.O. Box NOT acceptable
Apopka 71 32703
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.
Rolando Owispe / Secreteror
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.
Signature of Registered Agent April 5, 2018
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 (03/12)