

N94000005958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

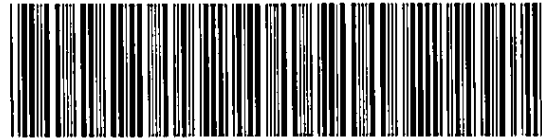
(Business Entity Name)

(Document Number)

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19 JUN 12 AM 11:47
SECRET/NOT TO BE
TALLAHASSEE, FLORIDA

JUN 17 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2019

STEPHANIE M ROSE
NATURES RESERVE HOA
2252 CAMP INDIANHEAD ROAD
LAND O' LAKES, FL 34639

SUBJECT: NATURE'S RESERVE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N94000005958

We have received your document for NATURE'S RESERVE 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

LIST NAME OF NEW REGISTERED AGENT

(Completed a new submitted tax)

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 919A00007843

Stephanie Rose
Member

RECEIVED
2019 JUN 12 PM 11:38
STATE OF FLORIDA
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Nature's Reserve Homeowners Assoc., Inc
Name of Corporation

DOCUMENT NUMBER: N9400005958

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:

M. STEPHANIE ROSE
Name of Contact Person

NATURES RESERVE HOA
Firm/Company

2252 CAMP INDIANHEAD RD
Address

LAND O' LAKES, FL 34639
City/State and Zip Code

rose.stephanie@ymail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

M. STEPHANIE ROSE at 813, 765-2253
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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 LAND O' LAKES, FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NATURES RESERVE HOA
2. The principal office address: 2252 CAMP INDIANHEAD RD
LAND O' LAKES, FL 34639 (FORMALLY: 2327 CAMP INDIANHEAD RD)
3. The mailing address (if different): "
4. Date of incorporation/qualification: 1/9/19 Document number: N94000005958
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)

Resigned
Rose, Stephanie M
2252 Camp Indianhead Rd
LAND O LAKES, FL 34639

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

STEPHANIE ROSE (TREASURER)
2252 CAMP INDIANHEAD RD
LAND O' LAKES, FL 34639
P.O. Box NOT acceptable

(FORMALLY: 2327 CAMP INDIANHEAD RD, LAND O' LAKES, FL)

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]
Signature of an officer or director

SHAWN MURPHY
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.

[Signature]
Signature of Registered Agent

3/28/19
Date

If signing on behalf of an entity:

STEPHANIE M. ROSE
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

FILED
19 JUN 12 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA