

N95000002622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

2024 MAY 20 PM 12:28

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tract 20 Mitigation Area Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N95000002622

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:

Jeff Lang

Name of Contact Person

Avalon Management Services, Inc.

Firm/Company

1840 SE 4th Avenue, Suite 2B

Address

Fort Lauderdale, Florida 33316

City/State and Zip Code

avalonmanagementinc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeff Lang

Name of Contact Person

at ( 954 ) 385-7100  
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

**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: Tract 20 Mitigation Area Association, Inc.
2. The principal office address: 1840 SE 4th Avenue, Suite 2B, Fort Lauderdale, Florida 33316
3. The mailing address (if different): PO Box 267908, Weston, Florida 33326
4. Date of incorporation/qualification: 6/6/1995 Document number: N95000002622
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)

West Broward Community Management

820 S State Road 7

Plantation, Florida 33317

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

Avalon Management Services, Inc.

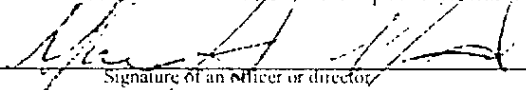
1840 SE 4th Avenue, Suite 2B

P.O. Box NOT acceptable

Fort Lauderdale, Florida 33316

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

Martha Mercado, 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.*

  
Signature of Registered Agent

5/3/24

Date

If signing on behalf of an entity:

Jeff Lang

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)

FILED  
2024 MAY 20 PM 12:28  
TALLAHASSEE, FLORIDA