## N95000004931

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| ·                                       |
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## **COVER LETTER**

| Amendment Section Division of Corporations  |       |
|---|-------|
| Ekana Green Homeowners' Association, Inc.   |       |
| Name of Corporation   |       |
| DOCUMENT NUMBER: N9500004931  |       |
| 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:                     |       |
| Kevin Davis   |       |
| Name of Contact Person  |       |
| Community Management Specialists, Inc.  |       |
| Firm/Company  |       |
| 1942 W CR 419, Suite 1030   |       |
| Address   |       |
| Oviedo, FL 32766  |       |
| City/State and Zip Code   |       |
| Kevin@cmsorlando.com  |       |
| E-mail address: (to be used for future annual report notification)                            |       |
| or further information concerning this matter, please call:                                   |       |
| Kevin Davis  Name of Contact Person.  Area Code & Daytime Telephone No.                       | )1    |
| Name of Contact Person. at ( )  Area Code & Daytime Telephone No                              | umber |
| Inclosed is a \$35.00 check made payable to the Department of State.                          |       |
| Mailing Address: Amendment Section  Street Address: Amendment Section                         |       |

**Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

**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

| statement of chi   | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.   |
|--|---|
| 1. The name of   | the corporation: Ekana Green Homeowners' Association, Inc.  |
| 2. The principal   | office address: 1942 W CR 419, Suite 1030<br>FL 32766   |
| 3. The mailing   | address (if different):   |
| 4. Date of incor   | poration/qualification: 10/17/1995 Document number: N9500004931   |
| 5. The name an   | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)  |
|  | Brown, Garganese, Weiss & D'Agresta, P.A.   |
|  | 111 N. Orange Ave., Suite 2000  |
|  | Orlando, FL 32802   |
| 6. The name and (if changed):  | d street address of the new registered agent (if changed) and /or registered office  Community Management Specialists, Inc.   |
|  | 1942 W CR 419, Suite 1030   |
|  | P.O. Box NOT acceptable   |
|  | Oviedo, FL 32766  |
| The street address changed will  | ess of its registered office and the street address of the business office of its registered agent, be identical.   |
| Such change was  | as authorized by resolution duly adopted by its board of directors or by an officer so be a partial of the corporation has been notified in writing of the change.  |
|  | LEVIN DAVIS REGISTERED AGENT Printed or typed name and life  Printed or typed name and life   |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th<br>hereby confirm | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. |
| (  | Mature of Registered Agent SI 2016  |
|  | half of an entity:  |
| <u> </u>   | m. Davis  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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