

N9 7000 000 465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

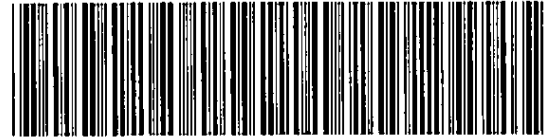
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400334405674

MASSACHUSETTS
FALL MASSACHUSETTS

2019 OCT 16 PM 4:24

FILED

FILED

OCT 16 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Econ River Estates Homeowners Association, INC.
Name of Corporation

DOCUMENT NUMBER: N97000000465

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:

JUAN A. DIAZ (Pres.)
Name of Contact Person

Firm/Company

2608 Woods Edge cir.
Address

Orlando FL 32817
City/State and Zip Code

econriverestates@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN A. DIAZ (Pres.) at (407) 325-6607
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2019

JUAN A DIAZ
2608 WOODS EDGE CIR
ORLANDO, FL 32817

SUBJECT: ECON RIVER ESTATES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N97000000465

We have received your document for ECON RIVER ESTATES 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 principal address must be a street address not a P.O. BOX.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 719A00020292

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: ECON River Estates Homeowners Association, INC.
2. The principal office address: 2608 Woods Edge Cir
Orlando, FL 32817
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01-23-1997 Document number: N97000000465

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)

Felix Bermudez (resigned)
2429 Woods Edge circle
Orlando FL 32817

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

JUAN A. DIAZ
2608 Woods Edge circle
P.O. Box NOT acceptable
Orlando FL 32817

FILED
2019 OCT 10 P 4 34
TALLAHASSEE, FLORIDA

FILED

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

JUAN A. DIAZ (VP)
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

9-13-2019
Date

If signing on behalf of an entity:

JUAN A. DIAZ
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