N97000001407

(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:		

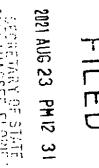
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SEP 0 2 2021 A RAMSEY

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Heritage Greens Community Associated Name of Corporation	tion, Inc.
DOCUMENT NUMBER: N97000001407	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
S. Kyla Thomson	
Name of Contact Person	
Goede, Adamczyk, DeBoest & Cross, LLC	
Firm/Company	
6609 Willow Park Drive	
Address	
Naples, FL 34109	
City/State and Zip Code	
Kthomson@gadclaw.com	
E-mail address: (to be used for future annual r	report notification)
	•
For further information concerning this matter, ple	ease call:
S. Kyla Thomson	at (239) 331-5100 Area Code & Daytime Telephone Numb
Name of Contact Person	Area Code & Daytime Telephone Numl

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, a hange is submitted for a corporation organized under the der to change its registered office or registered agent, or	laws of the State of Florida	
1. The name of t	f the corporation: Heritage Greens Community Associa	tion, Inc.	
	al office address: 6704 Lone Oak Blvd, Naples, FL 3410		
3. The mailing a	address (if different):		
	prporation/qualification: 03/13/1997 Docume	ent number: N97000001407	
5. The name and	nd street address of the current registered agent and regis artment of State: (If resigned, enter resigned)		
	Guardian Property Management		
	6704 Lone Oak Blvd	and for registered office	
	Naples, FL 34109	16 2.	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	S. Kyla Thomson, Esq.	1912 <u>0</u>	
6609 Willow Park Drive			
	P.O. Box, NOT acceptable Naples, FL 34109		
The street addre	ress of its registered office and the street address of the ll be identical.	business office of its registered agent.	
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	of directors or by an officer so ng of the change.	
Robert L. Top	opoleski Robert L. To	poleski - President	
		rinted or typed name and title	
i hereby accept a I further agree to of my duties, and document is bein corporation ha	of the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to and I am familiar with and accept the obligation of my pain ging filed merely to reflect a change in the registered of as been notified in writing of this change.	in this capacity, the proper and complete performance position as registered agent. Or, if this five address. I hereby confirm that the	
S.K	Shature of Registered Agent	8/11/20.21	
() If signing on bel	ehalf of an entity:	, ,	
	ThomSon Typed or Printed Name		
₽ Ty	Fyped 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)