## N91000006684

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(Add	dress)	
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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Palomino Village Homeowners Associ Name of Corporation		
DOCUMENT NUMBER: N97000006684		
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Cheryl James		
Name of Contact Person		
Palomino Village Homeowners Association, Inc.		
Firm/Company		
8080 Palomino Drive		
Address	<del>_</del>	
Naples, FL 34113		
City/State and Zip Code		
cjcknaples@comcast.net		
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter.	please call:	
Cheryl James	at (239 ) 530-0685 Area Code & Daytime Telephone Number	
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	Street Address:	
	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida S tion organized under the laws of the State of $\frac{1}{2}$ $\epsilon$ or registered agent, or both, in the State of F	lorida	
		ge Homeowners Association, Inc.		
2. The principal	office address: 8080 Palomino I	Drive; Naples, FL 34113		
3. The mailing a	ddress (if different): same as ab	pove		
		Document number: N9700000	)6684	
	street address of the current re tment of State: (If resigned, en	egistered agent and registered office on file witter resigned)	th the	
	Deceased - Greusel, Jamie			
	1104 N. Collier Blvd.		202	
	Marco Island, FL 34145		1ALLAHASS	
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered off	-L PH	
	Caleb Pringle		FLO	
	2125 1st Street, Suite 200		56 DRID	
	P.O Box NOT acceptable			
	Fort Myers, FL 33901			
The street addre as changed will	ess of its registered office and be identical.	the street address of the business office of its	s registered agent,	
Such change wa authorized by th	is authorized by resolution dul ne board, or the corporation ha	ly adopted by its board of directors or by an a seen notified in writing of the change.	officer so	
Cheryl C. James		Cheryl James VP & Treasurer		
Signatur	re of an officer or director	Printed or typed name and til	le .	
l further agree ( of my duties, an document is bei	o comply with the provisions:	l agent and agree to act in this capacity. of all statutes relative to the proper and com pt the obligation of my position as registered unge in the registered office address, I hereb is change.	plete performance Lagent. Or, if this y confirm that the	
	CP	08/27/24		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Cheryl James				
Ty	ped or Printed Name	<u> </u>		

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