

N98000001566

(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



800212272958

09/21/11--01009--003 **35.00

RA Ro ch

FILED
11 SEP 21 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9-22-11

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Terrence II at Arbor Lakes Association inc
(Name of corporation)

DOCUMENT NUMBER: N98000001566

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:

Verne Lutz
(Name of person)

Sandcastle Management Inc
(Name of firm/company)

1719 Tweed Center Way #4
(Address)

Naples FL 34109
(City/state and zip code)

For further information concerning this matter, please call:

Verne Lutz at (239) 596-7200
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Tenace II at Arbor Lakes Association, Inc.
2. The principal office address: 1719 Trade Center Way #4
Naples FL 34109
3. The mailing address (if different): 1719 Trade Center Way #4
Naples FL 34109
4. Date of incorporation/qualification: 3/16/98 Document number: N98000001566
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

William Newell
5435 Jaeger Road #4
Naples FL 34109

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

Verna Lutz
1719 Trade Center Way #4
(P.O. Box NOT acceptable)
Naples FL 34109

FILED
11 SEP 21 AM 8:47
TALLAHASSEE, FLORIDA

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)

John D. CHAPMAN
(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)

9/19/11
(Date)

If signing on behalf of an entity:

(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