

N98000005020

(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:

THE REGISTERED AGENT SIGNING NAME
WAS ENTERED BY THE EXAMINER TO MEET
FILING REQUIREMENTS. J. DENNIS

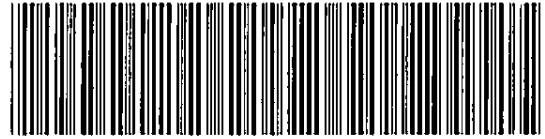
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTHCHASE PHASE 1A PARCELS 12, 14 AND 15 HOMEOWNERS ASSOCIATION, Inc.
Name of Corporation

DOCUMENT NUMBER: N98000005020

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:

David Silva

Name of Contact Person

ProActive Community Solutions, LLC.

Firm/Company

7901 4th St. N. Suite 300

Address

St. Petersburg, Fl. 33702

City/State and Zip Code

info@KemptonParkHOA.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Silva at (321) 344-2293
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
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

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: SOUTHCHASE PHASE 1A PARCELS 12, 14 AND 15 HOMEOWNERS ASSOCIATION, I
2. The principal office address: 1490 Kempton Chase Parkway, Orlando, Fl. 32837

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/28/1998 Document number: N98000005020

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)

HMI
760 FLORIDA CENTRAL PKWY # 200
LONGWOOD, FL 32750

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

ProActive Community Solutions, LLC.
7901 4th St. N. Suite 300
St. Petersburg, Fl. 33702
P.O. Box NOT acceptable

2024 JUL 1 10:00 AM

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.

Orlando Perez - President Board of Directors

Signature of an officer or director

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.

July 1st 2024
Date

Signature of Registered Agent

If signing on behalf of an entity:

DAVID SILVA

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
CR2E045 (04/13)