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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: <u>Nassau Pointe at Heritage Isles Homeowners</u> Name of Corporation Association, In a
DOCUMENT NUMBER: N99 00000 3782
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:
EVIC W DICKLU Name of Confact Person
DICKEY LAW FIRM, P.A.
620 E. TWIGGS St. Ste. 316
Tampa FL 33602 City/State and Zip Code
E-mail address (to be used for future annual report notification)
For further information concerning this matter, please call:
Eric Dick-Cy Name of Contact Berson at (813) (21-2200 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

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 HOYICLin order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>MDSQU Pointe</u> of Hart-tage Is Les Honse (what's Asset 2. The principal office address: 2870 SCHKER Drive North 100 First Refer burg, FL 337116
3. The mailing address (if different):
4. Date of incorporation/qualification: Document number:
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) EVIC W Di Ckey Hio 5: Waki Blvd., Swift (gob Tampa FL 331619 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): EVIC W Di Ckey Google State: (If changed) and /or registered office on file with the Florida Department of State: (If changed) Tampa FL 331619 Pg. Box NOT acceptable Tampa FL 331602
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. Color Color
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 of Registered Agent Date
If signing on behalf of an entity:

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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

Typed or Printed Name