

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6380

From:

Account Name : SHUMAKER, LOOP & KENDRICK LL
 Account Number : 075500004387
 Phone : (813) 229-7600
 Fax Number : (813) 229-1660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
NASSAU POINTE AT HERITAGE ISLES
HOMEOWNERS ASSOCIATI

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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: NASSAU POINTE AT HERITAGE ISLES HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR., NORTH, SUITE 100, ST. PETERSBURG, FL 33716

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/21/1999 Document number: N99000003782

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)

FRAZIER J. CARRAWAY, ESQ.

201 E. KENNEDY BLVD., SUITE 800

TAMPA, FL 33602

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

JONATHAN J. ELLIS

101 E. KENNEDY BLVD., SUITE 2800

P.O. Box NOT acceptable

TAMPA, FL 33602

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.

Janet Dopic
 Signature of officer or director

JANET DOPIC AS PRESIDENT, NPHCA
 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

7/8/2020
 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
 CR28045 (04/13)