N9900003782

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

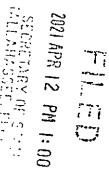
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05/21/2021 JH



COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NASSAU POINTE AT HE Name of Corporation	RITAGE ISLES HOMEOWNERS ASSOCIATION, INC.	
•		
DOCUMENT NUMBER: N99000003782		
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:	
JONATHAN J. ELLIS, ESQ. Name of Contact Person		
SHUMAKER, LOOP & KENDRICK, L	1 D	
Firm/Company	<u> </u>	
101 E. KENNEDY BLVD., SUITE 2800 Address	<u> </u>	
TAMPA, FL 33602 City/State and Zip Code		
City/State and Zip Code		
JELLIS@SHUMAK		
E-mail address: (to be used for future annua	l report notification)	
For further information concerning this matter,	please call:	
Jonathan J. Ellis, Esquire	at (813) 229-7600	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
	Carr. 4 A 13	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Status statement of change is submitted for a corporation organized under the laws of the State of FL. in order to change its registered office or registered agent, or both, in the State of Florida.	ORIDA	
1. The name of the corporation: NASSAU POINTE AT HERITAGE ISLES HOMEOWNERS' A	ASSOCIATIO	N, 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: <u>06/21/1999</u> Document number: <u>N9900000</u>		_
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)	e	
FRAZER J. CARRAWAY, ESQ.		
201 E. KENNEDY BLVD., SUITE 600		
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, ESQ.	2021 APR 1 SECRETAR FALL ARASS	Torque
101 E. KENNEDY BLVD., SUITE 2800		200,000
P.O. Box NOT acceptable		
TAMPA, FL 33602	. 00	
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	istered agent,	,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so	
JANET DOPICO AS PRESIDE	NT, NPHO	A
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 of my duties, and I am familiar with and accept the obligation of my position as registered agent document is being filed merely to reflect a change in the registered office address. I hereby concorporation has been notified in writing of this change.	performance nt. Or, if this Ifirm that the	2
Signature of Registered Agent V/6/202/ 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 CR2E045 (04/13)