Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

: (850)878-5368

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

REGISTERED AGENT CHANGE THE COVE HOMEOWNERS ASSOCIATION OF SEMINOLE COUNTY.

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8/1/2013

COVER LETTER

TO: Ame Divi	endment Section ision of Corporations	
SUBJECT:	THE COVE HOMEOWNERS ASSOCIATION OF Name of Corpo	
	N99000005445	••••
DOCUME	NT NUMBER:	
The enclose	d Statement of Change of Registered Office/Ap	gent and fee are submitted for filing.
Please retur	n all correspondence concerning this matter to	the following:
	Timothy Crawford	
	Name of Contac	Person
	RealManage, LLC	
	Finn/Comp	any
	P.O. Box 803555	
	Address	
	Dallas TX, 75380	
	City/State and Z	ip Code
	registered.agent@realmanage.com	
	E-mail address: (to be used for future	e annual report notification)
For further	information concerning this matter, please call	
Timothy Crawford		972 380-3522 t()
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is	s a \$35.00 check made payable to the Departme	nt of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle Tallabassee, FI 32301

CR2E045 (03/12)

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: THE COVE HOMEOWNERS ASSOCIATION OF SEMINOLE COUNTY, INC.
The name of the corporation: 2. The principal office address: 6972 LAKE GLORIA BLVD ORLANDO, FL 32809
3. The mailing address (if different):
4. Date of incorporation/qualification: 09/14/1999 Document number: N99000005445
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)
LELAND MANAGEMENT, INC.
6972 LAKE GLORIA BLVD
ORLANDO, FL 32809
6. The name and street address of the new registered agent (if changed) and /or registered office
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Bax NOT acceptable
Plantation, Florida 33324
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.
Michael Jones, Vice President Signature of an officer or director Printed or typed name and title
Signature of an officer or director 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.
By: 8/1/2013
Signature of Registered Agent Date
If signing on behalf of an entity:
Michael Jones, Assistant Secretary
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 (03/12)