

P06000100929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Preserve At Cape Haze Inc
Name of Corporation

DOCUMENT NUMBER: 100000100929

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:

Ron Wood

Name of Contact Person

Preserve At Cape Haze Inc

Firm/Company

2234 North Federal Highway Unit #1476

Address

Boca Raton Florida 33431

City/State and Zip Code

preservecapehaze@aol.com

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

For further information concerning this matter, please call:

Ron Wood

561

271-1169

Name of Contact Person

at (

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: Preserve At Cape Haze Inc
2. The principal office address: 4700 Arlington Drive, Placida Florida

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/01/2006 Document number: 1006000100929

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)

Wood Ronald T

808 NE Orchid Bay Drive

Boca Raton Florida 33487

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

Wood Ronald T.

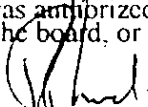
2234 North Federal Highway, Unit # 1476

P.O. Box NOT acceptable

Boca Raton, Florida 33431

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

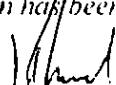
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Ron T. Wood

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 of Registered Agent

10/4/21
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)

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