Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Email Address:_

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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REGISTERED AGENT CHANGE SOLIVITA AT POINCIANA GOLF CLUB, INC.

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Help

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SOLIVITA AT POINC	IANA GOLF CLUB, INC.
Name of Corporation	
DOCUMENT NUMBER: P9900007	77988
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	***************************************
Corporate Center One, 5301 Southwest Pkwy, Ste 40	00
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annua	I report notification)
For further information concerning this matter, p	please call:
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Amengment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04°13)

Tallahassee, FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation o er to change its registered office or r	organized u	ınder the la	rws of the State of	Florida		
l. The name of t	the corporation: SOLIVITA AT	POINCL	ANA GC	OLF CLUB, IN	NC.		
	office address: 4900 NORTH S DALE, AZ 85251	SCOTTS	SDALE F	ROAD SUITE	E 2000		
3. The mailing a	address (if different):						_
4. Date of incorp	poration/qualification: 8/27/1999	3	Document	number: P990	00077988		-
	I street address of the current registertment of State: (If resigned, enter re	•	and register	ed office on file v	with the		
	NRAI SERVICES, IN	С					
	1200 SOUTH PINE ISLAND	ROAD				53	
	PLANTATION	-	FL	33324	SECR	2022 JAN	
6. The name and (if changed):	d street address of the new registered	Jagent (if o	changed) ar	nd /or registered o	office	2	FILED
	Registered Agent Solu	ıtions,	lnc.		£	A H	_
	155 Office Plaza Dr.		Suite A		ORID	9: 12	
	Tallahassee	FL.	3230	1	-		
The street addre	ess of its registered office and the s be identical.	treet addre	ess of the b	usiness office of	its registered	agent,	
_	as authorized by resolution duly ad ne board, or the corporation has bee						
s Jaclyn	Wright no of an officer or director	J <u>ac</u> l	lyn Wrigi	ht ited or typed name and	Assistant S	Secret	ary
l hereby accept I further agree i of my duties, an document is bei	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	t statutes re e obligatio in the regi	ee to act in	this capacity		mance , if this hat the	•
Hod	ranzi dit	01	1/12/202	2			
-	natific of Registered Agent half of an entity:			Date			
	Assistant Sceretary						
. 	yped 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)