

N200000003491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

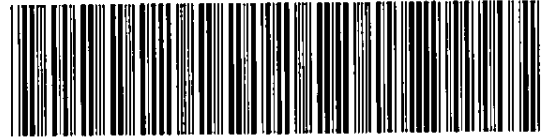
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



400430093034

FILED

2024 JUN 10 AM 8:46  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUN 10 AM 11:26  
CLERK OF COURT  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2024

CSC

**RESUBMIT**  
Please give original  
submission date as file date

SUBJECT: LILAC POINTE HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N20000003491

We have received your document for LILAC POINTE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 824A00012637

RECEIVED  
2024 JUN 13 AM 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Amanda Miller - Amanda.Miller@cscglobal.com  
Ext: *Amanda Miller*  
Date: 06/10/24  
Order #: 1527501-1  
Re: Lilac Pointe Homeowners Association, Inc.  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

AUTH *Amanda Miller*

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: Lilac Pointe Homeowners Association, Inc.
2. The principal office address: 1631 E Vine Street STE 300 Kissimmee, FL 34744
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/18/2020 Document number: N20000003491
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)

Artemis Lifestyles Services

1631 E Vine Street STE 300

Kissimmee

FL 34744

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

Joseph Bieret  
Signature of an officer or director

Joseph Bieret, Treasurer  
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.

Corporation Service Company

By: Shauna Godbolt  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

shauna godbolt

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

FILED  
2024 JUN 10 AM 8:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA