I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under
oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears
above, or on an attachment with all other like empowered.

#### SIGNATURE: LISA KRIVAN

Electronic Signature of Signing Officer/Director Detail

03/22/2023

Date

#### DOCUMENT# N2100002406

#### Entity Name: LIBERTY PRESERVE HOMEOWNERS ASSOCIATION, INC.

## **Current Principal Place of Business:**

1631 EAST VINE STREET SUITE 300 KISSIMMEE, FL 34744

### **Current Mailing Address:**

**1631 EAST VINE STREET** SUITE 300 KISSIMMEE, FL 34744 US

#### FEI Number: 86-3972444

#### Name and Address of Current Registered Agent:

ARTEMIS LIFESTYLES 1631 EAST VINE STREET SUITE 300 KISSIMMEE, FL 34744 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	DOMINGO SANCHEZ			03/22/2023	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	VP	Title	PRESIDENT		
Name	BARR, MICHELLE	Name	KRIVAN, LISA		
Address	1631 EAST VINE STREET SUITE 300	Address	1631 EAST VINE STREET SUITE 300		
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744		
Title	SECRETARY TREASURER				
Name	WALKER, AMARA				
Address	1631 EAST VINE STREET SUITE 300				
City-State-Zip:	KISSIMMEE FL 34744				

Certificate of Status Desired: No

# FILED Mar 22, 2023 Secretary of State 4114903195CC