## 724384

(Requestor's Name)
(Address)
(Address)
( ladiose)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

•



400236920114

Change

06/29/12--01007--007 \*\*35.00

2012 JUN 29 PH 12: 47
SECRETARY OF STATE
SECRETARY OF STATE

7/3/12

## **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJECT: Glen Oaks Ridge Owners Association, Inc.  Name of Corporation					
	·				
DOCUM	JMENT NUMBER: 724384				
The encl	closed Statement of Change of Registered Office/Agent at	nd fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
Kevin T. Wells, Esq.					
Name of Contact Person					
	The Law Offices of Kevin T. Wells, P.A.				
Firm/Company					
	1800 Second Street, Suite 808				
Address					
40.00					
Sarasota, Florida 34236 City/State and Zip Code					
kwells@kevinwellspa.com					
E-mail address: (to be used for future annual report notification)					
For furt	rther information concerning this matter, please call:				
	Kevin T. Wells, Esq.	941 \ 366-9191			
	Name of Contact Person Ar	941 366-9191 ea Code & Daytime Telephone Number			
Enclose	sed is a \$35.00 check made payable to the Department of S	State.			
	Mailing Address: Amendment Section	Street Address:			
		Amendment Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

TO:

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.15 vange is submitted for a corporation organized under the laws of the to change its registered office or registered agent, or both, in	the State of Florida		
1. The name of the corporation: Glen Oaks Ridge Owners Association, Inc.  2. The principal office address: 1877 Northgate Boulevard, #4, Sarasota, Florida 34234				
3. The mailing	address (if different): 1215 Glen Oaks Drive East, PMB	6165, Sarasota, Florida 34232		
4. Date of incor	rporation/qualification: 09/19/1972 Document numb	er:		
5. The name an Florida Depa	nd street address of the current registered agent and registered off artment of State: (If resigned, enter resigned)	ice on file with the		
	Law Offices of KevinT. Wells, PA			
	1800 Second Street, Suite 803	Post of the second		
	Sarasota, Florida 34236	THE JULY 29		
6. The name an (if changed):		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
	Law Offices of Kevin T. Wells, PA	Pr.		
	1800 Second Street, Suite 808 P.O. Box NOT acceptable	<del></del>		
	Sarasota, Florida 34236	<del> </del>		
The street addr	ress of its registered office and the street address of the busine	ss office of its registered agent,		
Such change wanthorized by i	vas authorized by resolution duly adopted by its board of directhe board, or the corporation has been notified in writing of th	tors or by an officer so e change.		
Kather	Author Succes Kathron A	Marcus President, syped name and title GOROA		
I hereby accep I further agree of my duties, a document is be corporation ha	of the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the providing I am familiar with and accept the obligation of my position filed merely to reflect a change in the registered office ad as been notified in writing of this change.	capacity, oper and complete performance as registered agent. Or, if this dress, I hereby confirm that the		
1		26-2012		
	ignature of Registered Agent	Date		
	Levin Tile (15 Typed or Printed Name			

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