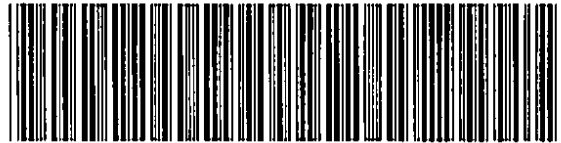


751690



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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HARBOR CREST 400 PROPERTY OWNERS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 751690

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:

MICHAEL POMPEO  
Name of Contact Person

ALLIANCE PROPERTY MANAGEMENT SOLUTIONS, LLC  
Firm/Company

12800 INDIAN ROCKS RD. STE. 1  
Address

LARGO FLA. 33774  
City/State and Zip Code

E-mail address: (to be used for future annual report notification) APMS.MICHAEL@GMAIL.COM

For further information concerning this matter, please call:

MICHAEL POMPEO at ( 727 ) 503-7909  
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  
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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: HARBOR CREST 400 PROPERTY OWNERS, INC.
- 2. The principal office address: 12800 INDIAN ROCKS RD. STE. 1  
LARGO, FLORIDA 33774
- 3. The mailing address (if different): P.O. BOX 36, LARGO, FL. 33779-0036
- 4. Date of incorporation/qualification: 12/11/89 Document number: 751690
- 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)

JESSICA CUMMINGS  
12800 INDIAN ROCKS RD., STE. 1  
LARGO, FL. 33774

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

CIANFRONE, NIKOLOFF, GRANT & GREENBERG, PA  
1964 BAYSHORE BLD. #A  
P.O. Box NOT acceptable  
DUNEDIN, FL. 34698-2500

RECEIVED  
 DIVISION OF CORPORATIONS  
 FLORIDA DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

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.

Chris D Mandakunis  
 Signature of an officer or director

Chris D Mandakunis  
 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.

See Attached  
 Signature of Registered Agent

\_\_\_\_\_  
 Date

If signing on behalf of an entity:

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

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