770129

(Re	questor's Name)	·
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·

Office Use Only



900251444619

03/03/13--01039--015 **35.00

13 SEP -9 AHII: 48
SECRETARY OF STATE

8 Tadlock SEP 1 9 2013

COVER LETTER

TO: Amendment Section **Division of Corporations**

Oak Forrest Condominium Association, Inc.

Name of Corporation

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:

Chad M. McClenathen, Esq.

Name of Contact Person

Chad M. McClenathen, P.A.

Firm/Company

783 S. Orange Avenue, Suite 210

Sarasota, FL 34236-4702

City/State and Zip Code

chad@mcclenathenlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad M. McClenathen, Esq at 941 552-1088

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** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 617.1508, Florida Statu ange is submitted for a corporation organized under the laws of the State of Florid er to change its registered office or registered agent, or both, in the State of Florid	da	
I. The name of	the corporation: Oak Forrest Condominium Association, Inc.		
2. The principa	l office address: 1515 Forrest Nelson Blvd. arlotte, FL 33952		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 09/07/1983		
	nd street address of the current registered agent and registered office on file with the	ı e	
	Hankin, Persson, McClenathen, Cohen & Darnell		
	1820 Ringling Boulevard		
	Sarasota, FL 34236	IAL SE	
6. The name ar (if changed):	nd street address of the new registered agent (if changed) and /or registered office	FIL 3 SEP -9 CRETARY	
	Chad McClenathen, Esq.		
	783 S. Orange Avenue, Suite 210	AMII:1	
	P.O. Box NOT acceptable Sarasota, FL 34236	5 5	
The street add as changed wi	ress of its registered office and the street address of the business office of its reg il be identical.	gistered agent,	
	vas authorized by resolution duly adopted by its board of directors or by an offic the board, or the corporation has been notified in writing of the change.		
Aller	tiffe of an officer or director A///A Printed or typed name and title		
I further agree performance o agent. Or. if t	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complet If my duties, and I am familiar with and accept the obligation of my position as This document is being filed merely to reflect a change in the registered office and That the corporation has been notified in writing of this change.	e registered Idress, I	
	9/6/13	<u></u>	
	ignature of Registered Agent Date		
If signing on b	pehalf of an entity:		
	Typed or Printed Name		

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