ND00000003482

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



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COVER LETTER

	Name of Corporation
DOCUMENT N	UMBER: N00000003482
	tement of Change of Registered Office/Agent and fee are submitted for filing
Please return all	correspondence concerning this matter to the following:
	Roger M Carlson
	Name of Contact Person
	Firm/Company
	76 W Glen Arbor Ln
	Address
	Hernando, FL 34442
	City/State and Zip Code

roger@rogercarlson.com

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

For further information concerning this matter, please call:

Roger M Carlson

Name of Contact Person

at (352) 746-0343

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

TO:

Amendment Section Division of Corporations

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Waterford Place P.O.A., Inc	
2. The principal	o, FI 34442	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 05/17/2000 Document number: P0000003482	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Phillips CPA Services, LLC	
	1339 N Carnevale Ter	
	Lecanto, FL 34461 US	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office Roger M Carlson	404
	Roger M Carlson	
	76 W Glen Arbor Ln	1. (E)
	76 W Glen Arbor Ln P.O. Box NOT acceptable Hernando, FL 34442	
The street addre	ess of its registered office and the street address of the business office of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
Signatur	Roger M Carlson/President Printed or typed name and title	
I further agree i performance of agent. Or, if the	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.	
K	August 30, 2014 August 30, 2014 Date	
If signing on be	chalf of an entity:	
Roger M Ca	arlson Typed or Printed Name	

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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