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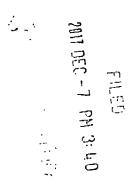
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C GOLDEN

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Avendale Owners' Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N02000000906

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:

Charles Evans Glausier

Name of Contact Person

Glausier Knight, PLLC

Firm/Company

400 N. Ashley Drive, Ste. 2020

Address

Tampa, FL 33602

City/State and Zip Code
cglausier@glausierknight.com

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

For further information concerning this matter, please call:

Charles Evans Glausier at (813) 440-4600

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 cha	ange is submitted for a corpor)2, 617.0502, 607.1508, or 617.1508. ation organized under the laws of the re or registered agent, or both, in the a	State of Florida
		Owners' Association, Inc.	
2. The principal	office address: 17824 N.	US Hwy 41, Lutz, FL 3354	9
3. The mailing a	address (if different):		
4. Date of incor	poration/qualitication: 02/07	7/2002 Document number:	N02000000906
5. The name and		registered agent and registered office	on file with the
	Charles Evans Glau	sier	
	1801 N. Highland Av	/enue	2017
	Tampa, FL 33602		7 DEC
6. The name and (if changed):	d street address of the new reg	istered agent (if changed) and /or regi	P
	Charles Evans Glau	sier	3: 40
	400 N. Ashley Drive		
	Tampa, FL 33602	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and	the street address of the business of	fice of its registered agent,
_		ly adopted by its board of directors on the characters of the characters of the characters of the characters.	
15/ Just	/S/Justin Jones, President		
I hereby accept I further agree performance of agent. Or if th	to comply with the provisions I my duties, and I am Jamiliar is document is being tiled ma	d agent and agree to act in this capa of all statutes relative to the proper with and accept the obligation of my rely to reflect a change in the registe I notified in writing of this change.	wity. and complete position as registered
_ Charle		6 DEC17	<u> </u>
	chalf of an entity:	Date	
	vped or Printed Name	-, -, -, -	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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