## ND4000003147

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B)	usiness Entity Nar	me)
(De	ocument Number)	
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RAROCHS

JAN 22 2018

ALBRITTON

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: Asbel Creek Association, Inc.

Name of Corporation

DOCUMENT NUMBER:

N04000003147

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

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

Cirron building

2661 Executive Center Circle

Tallahassee, FL 32301



January 10, 2018

CHARLES EVANS GLAUSIER GLAUSIER KNIGHT, PLLC 400 N. ASHLEY DRIVE - STE. 2020 TAMPA, FL 33602

SUBJECT: ASBEL CREEK ASSOCIATION, INC.

Ref. Number: N04000003147

We have received your document for ASBEL CREEK ASSOCIATION, INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation. ( )

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 318A00000670

## 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 inge is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Asbel Creek Association, Inc.
2. The principal	office address: c/o: Wise Property Management, Inc.  N. Dale Mabry Hwy., Lutz, FL 33548
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 03/26/2004 Document number: N0400003147
5. The name and	I street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Wise Property Management, Inc.
	18550 N. Dale Mabry Hwy.
	Lutz, FL 33548
6. The name and (if changed):	Lutz, FL 33548  I street address of the new registered agent (if changed) and /or registered office  Charles Evans Glausier
	Charles Evans Glausier
	Charles Evans Glausier  400 N. Ashley Dr., Suite 2020
	Tampa, FL 33602
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	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.
15/WW Signatur	Donna Lonergan, President  Te of an officer of director  Printed or typed name and title
I hereby accept I further agree performance of agent. Or, if th hereby confirm	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 my duties, and I am familiar with and accept the obligation of my position as registered is 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.    A   Registered Agent   Date   Date
If signing on be	half of an entity:
	yped 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 \* \* \*