N07099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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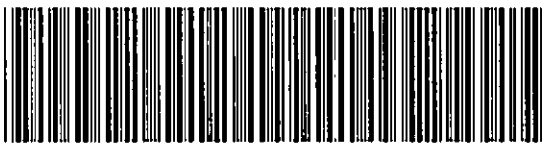

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FILED
2020 MAY 18 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 31Old Englewood Village Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N07099

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:

Brian Matthews
Name of Contact Person

Firm/Company

1811 Englewood Road #186
Address

Englewood FL 34223
City/State and Zip Code

OldeEnglewood@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Matthews at (941) 777-3161
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

CR2E045 (04/13)

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: Old Englewood Village Association, Inc.

2. The principal office address: 599 W Dearborn St, Englewood FL 34223

3. The mailing address (if different): _____

4. Date of incorporation/qualification: January 14, 1985 Document number: N07099

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)

   Cindy P Meals

   599 W Dearborn Street

   Englewood FL 34223

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

   Brian A Matthews

   403 W Dearborn Street

   P.O. Box NOT acceptable

   Englewood FL 34223

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.

Nancy McCune
Signature of an officer or director

Nancy McCune, Secretary
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.

Brian A. Matthews
Signature of Registered Agent

June 10, 2020
Date

If signing on behalf of an entity:

_____
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)