

MI6000002117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

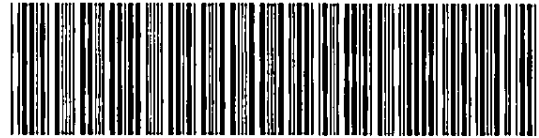
(Business Entity Name)

(Document Number)

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CORPORATION DIVISION  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SR 54 COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N16000002117

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:

**Jackie Olson**

Name of Contact Person

SR 54 Commercial Property Owner's Association, Inc.

Firm/Company

**6915 S.R. 54**

Address

**New Port Richey, FL 34653**

City/State and Zip Code

**blackwellinvestments@tampabay.rr.com ✓**

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

For further information concerning this matter, please call:

**Jackie Olson**

Name of Contact Person

at ( 727 ) 842-2571

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**

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: SR 54 COMMERCIAL PROPERTY OWNER'S ASSOCIATION, INC.

2. The principal office address: 6915 S.R. 54, New Port Richey, FL 34653

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/22/2016 Document number: N16000002117

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)

Gary L. Blackwell

6915 SE 54

New Port Richey, FL 34653

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

Gary L. Blackwell

6915 S.R. 54

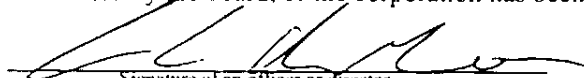
P.O. Box NOT acceptable

New Port Richey, FL 34653

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

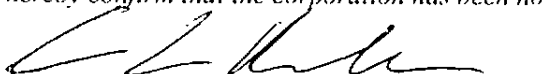
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

President  
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.*

  
Signature of Registered Agent

11-6-2017  
Date

If signing on behalf of an entity:

Gary L. Blackwell  
Typed or Printed Name

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