## N16162

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C. LEWIS FEB 2 1 2014 EXAMINER

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Belle Meache Homeowners Association of Hillsburgery County, Inc. Name of Corporation
DOCUMENT NUMBER: 1 10162
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:
Name of Contact Person  Dickey Low Firm, PA  Firm/Company  Allo S. Wile Blue. Suite Low  Address  Tampa FL 33617  City/State and Zip Code.  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Evic Dic Ku   at (813) (21-2200   Area Code & Daytime Telephone Number
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  Control of Corporations Clifton Building Capacita Section Clifton Building Capacita Section Capacita Section Clifton Building Capacita Section Clifton Building Capacita Section Capa

## BOTH FOR CORPORATIONS

Fursuant 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: Belle Meale Homeway's Association of Hillsborough away, Inc.
2. The principal office address:  17824 N. US Hay 41, Lutz Florica 33549
3. The mailing address (if different):
4. Date of incorporation/qualification: 8 1 1986 Document number: 110162
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)
Mezer, Stephen
1801 A. Highland
Tampa, FL 33601
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
410 S. Wire Block Suite Volo P.O. Box NOT acceptable
Tampa. FL 33419
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.
Jeans Sulleyas Jeanne Sullivan, President Signature of an officer or director 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.
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Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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