

N 17 000002286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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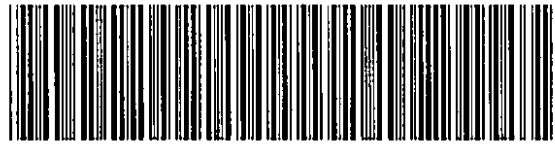
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

C. GOLDEN

JUL 30 2018

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUNTREE PROFESSIONAL BUSINESS PARK OWNERS ASSOCIATION INC  
Name of Corporation

**DOCUMENT NUMBER:** N17000002286

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:

**David Hoffman**

Name of Contact Person

**Omega Community Management, Inc.**

Firm/Company

**7145 Turner Road, Suite 101**

Address

**Rockledge, Florida 32955**

City/State and Zip Code

**dhoffman@omegacmi.com**

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

For further information concerning this matter, please call:

**David Hoffman**

Name of Contact Person

at ( **321** ) **757-7902**

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: SUNTREE PROFESSIONAL BUSINESS PARK OWNERS ASSOCIATION INC
2. The principal office address: 7145 TURNER ROAD, SUITE 101 ROCKLEDGE, FLORIDA 32955
3. The mailing address (if different): 7145 TURNER ROAD, SUITE 101 ROCKLEDGE, FLORIDA 32955
4. Date of incorporation/qualification: 03/02/2017 Document number: N17000002286
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)

FOLENO, GARY J
904 NELSON DRIVE
MELBOURNE, FL 3294

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

OMEGA COMMUNITY MANAGEMENT, INC.
7145 TURNER ROAD, SUITE 101
ROCKLEDGE, FLORIDA 32955

P.O. Box NOT acceptable

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TALLAHASSEE, FL

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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]
Signature of an officer or director

GARY FOLENO
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]
Signature of Registered Agent

07/12/2018
Date

If signing on behalf of an entity:

DAVID HOFFMAN
Typed or Printed Name

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