N50438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

R.A. change

300008532563

10/25/02--01047--012 **35.00

FILED
02 DEC 20 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T BROWN JAN - 2 2003

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Country View Estates III & IV Property Owner's Association
(Name of corporation)

DOCUMENT NUMBER: N50438

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:

Beth A. Miller
(Name of person)

Country View Estates P.O.A.
(Name of firm/company)

4817 Dove Cross Drive
(Address)

Lakeland, FL 33810
(City/state and zip code)

For further information concerning this matter, please call:

Beth Miller at (863) 853-5915
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

CR2E045(07/02)

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

October 31, 2002

BETH A. MILLER
COUNTRY VIEW ESTATES III & IV PROPERTY
4817 DOVE CROSS DRIVE
LAKELAND, FL 33810

SUBJECT: COUNTRY VIEW ESTATES III & IV PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: N50438

Upon receipt of your letter and/or check(s) totaling $35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 802A00059822

RECEIVED
02 DEC 20 AM 9:05
DIVISION OF CORPORATIONS

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, the undersigned corporation organized under the laws of the State of Florida *submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation : Country View Estates III + IV Property Owner's Association

2. The mailing address of the corporation : 5345 Turtle Dove Trail, Lakeland, FL 33810

3. Date of incorporation/qualification: 8/19/92 Document number: N50438

4. The name and address of the current registered agent and registered office:

Charles Turner
5345 Turtle Dove Trail
Lakeland, FL 33810

FILED
02 DEC 20 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Beth A. Miller
4817 Dove Cross Drive
Lakeland, FL 33810

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.

Timothy L Miller BOARD MEMBER — 11-7-02
(Signature of an officer, chairman or vice chairman of the board) (Date)

Timothy L Miller
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Beth A Miller — 11-7-02
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

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

CR2E045(8/99)

DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314