## N19724

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## **COVER LETTER**

SUBJECT: KING OAK VILLAS HOMEOWNERS' ASSOC., INC. Name of Corporation N19724 DOCUMENT NUMBER:\_\_\_\_\_ 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: DONNIE MARTINEZ Name of Contact Person BLUE WATER COMMUNITY MANAGEMENT, LLC Firm/Company 2021 13TH STREET Address SAINT CLOUD, FL 34769 City/State and Zip Code DONNIE@MYBLUEWATERREALTY.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: AL BOWMAN at ( 407 ) 343-0809 EXT 104
Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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TO:

Amendment Section Division of Corporations

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0. inge is submitted for a corpo ir to change its registered off	ration organized	under the laws of the State	of FLORIDA
	the corporation: KING On office address: 2021 13TI			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 0	3/18/1987	_ Document number:	N19724
	I street address of the current tment of State: (If resigned,		and registered office on fil	e with the
	SRK RESIDENTIAL C	COMMUNITIE	S, LLC	
	6220 S. ORANGE BL	OSSOM TRA	IL, SUITE 105	70
	ORLANDO, FL 32809	)		
6. The name and (if changed):	I street address of the new re	- • ·	, ,	d office 3
	2021 13TH STREET		WEINERT, LEG	9
	2021 13111 31REET	P.O. Box NOT acce	ptable	<del></del> ´
	SAINT CLOUD, FL 34	1769		
The street addre	ess of its registered office ar be identical.	nd the street add	ress of the business office	of its registered agent,
Such change wa	as authorized by resolution ne board, or the corporation	duly adopted by has been notifie	its board of directors or b	y an officer so
Signatur	the of an officer or director	Li		TREASURER
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as register to comply with the provision d I am familiar with and ac ng filed merely to reflect a deen notified in writing of	red agent and ag ns of all statutes cept the obligati change in the re this change.	ree to act in this capacity relative to the proper and ion of my position as regis gistered office address, I l	complete performance tered agent. Or, if this iereby confirm that the
	Apura nature of Registered Agent		07/22/20 Date	)10
l	half of an entity:		Daic	
DC	NNIE MARTINEZ			
T.	d Delinia d Manna			

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