

N43439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

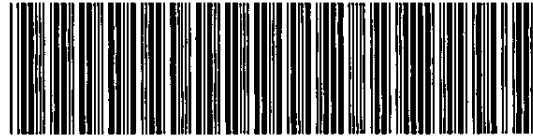
(Business Entity Name)

(Document Number)

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Wrong form  
?

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Homes of Regency Cove, Inc.  
Name of Corporation

DOCUMENT NUMBER: N 43439

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:

Robert Hollingshead  
Name of Contact Person

Homes of Regency Cove, INC.  
Firm/Company

4851 W. Gandy Blvd.  
Address

Tampa, FL 33611  
City/State and Zip Code

Peggy@regencycove.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Robert Hollingshead. at (813) 839-5441  
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

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 18, 2013

ROBERT HOLLINGSHEAD  
HOMES OF REGENCY COVE, INC.  
4851 W. GANDY BLVD  
TAMPA, FL 33611

SUBJECT: HOMES OF REGENCY COVE, INC.  
Ref. Number: N43439

We have received your document for HOMES OF REGENCY COVE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have completed the wrong application. Please complete the attached form.

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 313A00028744

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE

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: Homes Of Regency cove, INC.
2. The principal office address: 4851 W. Gandy Blvd.  
Tampa, FL 33611
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1991 Document number: N43439

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)

Mollie Kirhagis  
4851 W. Gandy Blvd.  
Tampa, FL 33611

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

Robert Hollingshead  
4851 W. Gandy Blvd.  
Tampa, FL 33611

P.O. Box NOT acceptable

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.

Patricia Fennessy President PATRICIA Fennessy  
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.

Robert Hollingshead  
Signature of Registered Agent

12-30-13

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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