## N940000000482

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## COVER LETTER

Division of Corporations
SUBJECT: Country Mendoux Recidents' Assoc., Inc.
DOCUMENT NUMBER: N94 QQBQQB 482
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:
Linda Mercer Name of Contact Person
Firm/Company
212 Country Club Drive
Plant City FL 33565 City/State and Zip Code
Plant City/State and Zip Code
For further information concerning this matter, please call:
Name of Contact Person at (813) 707-8403  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  Street Address: Amendment Section Division of Corporations  Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the provisions of sections 607.0502, 617	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida
	egistered agent, or both, in the State of Florida.
	Meadows Resident's Assoc. Inc
2. The principal office address: 76 N. M.	endows Drive
	114 11-6 33363
3. The mailing address (if different):	
4. Date of incorporation/qualification:	Document number: <u>N94 ØØØØØØ</u> 482
5. The name and street address of the current register Florida Department of State: (If resigned, enter res	
George Bri	ummitt
· J	gewater Drive
Plant City	FL 33565
6. The name and street address of the new registered (if changed):  Linda Merc	SCREE STATES
212 Country Plant City	NOT acceptable  NOT acceptable  PROPERTY NOT ASSESSED TO THE PROPERTY NOT
The street address of its registered office and the str as changed will be identical.	reet address of the business office of its registered agent,
Such change was authorized by resolution duly adopauthorized by the board, or the corporation has been	
Signature of an officer or director	- · · · · · · · · · · · · · · · · · · ·
	t and agree to act in this capacity. statutes relative to the proper and complete nd accept the obligation of my position as registered reflect a change in the registered office address, I ed in writing of this change.
Signature of Registered Agent	$\frac{6/23/15}{Date}$
If signing on behalf of an entity:	·· <b>*</b>
LINDA MERCER	
Typed or Printed Name	

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