

N99000003088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

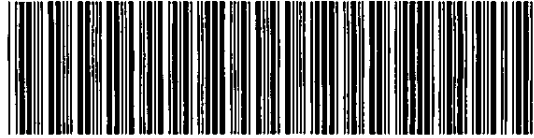
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000291355710

000291355710
10/26/16--01025--019 **70.00

FILED
2016 OCT 26 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/31/16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shepherd Oaks Homeowners Assoc Inc
Name of Corporation

DOCUMENT NUMBER: N99000003088

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:

Dennis Watkins

Name of Contact Person

All Coast Realty Management, LLC

Firm/Company

5950 Imperialakes Blvd Suite 7

Address

Mulberry, FL 33860

City/State and Zip Code

Sher@allcoastrm.com

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

For further information concerning this matter, please call:

Richard Littlejohn

Name of Contact Person

at (863) 266-8685

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: Shepherd Oaks Homeowners Assoc. Inc
2. The principal office address: 5950 Imperiallakes Blvd Suite 7
Mulberry, FL 33860
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/14/1999 Document number: N99000003088
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)

resigned

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

All Coast Realty Management, LLC

5950 Imperiallakes Blvd. Suite 7


P.O. Box NOT acceptable

Mulberry, FL 33860

FILED
2016 OCT 26 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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 of an officer or director

RICHARD T. LITTLEJOHN OWNER
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 of Registered Agent

10/24/2016
Date

If signing on behalf of an entity:

Dennis C Watkins
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)