N04000010985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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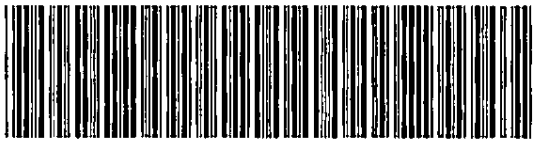

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PARKSIDE WEST HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N04000010985

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:

DAVID HOFFMAN
Name of Contact Person

OMEGA COMMUNITY MANAGEMENT, INC.
Firm/Company

7145 TURNER ROAD, SUITE 01
Address

ROCKLEGE, FLORIDA 32955
City/State and Zip Code

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

For further information concerning this matter, please call:

DAVID HOFFMAN at (321) 757-7902
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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: PARKSIDE WEST HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 7145 TURNER ROAD, SUITE 101
ROCKLEDGE, FLORIDA 32955

3. The mailing address (if different): 7145 TURNER ROAD, SUITE 101, ROCKLEDGE, FLORIDA 32955

4. Date of incorporation/qualification: 11/23/2004 Document number: N04000010985

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)

Arias Bosinger PLLC
1900 Hickory Street, Ste B
Melbourne, FL 32901

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

OMEGA COMMUNITY MANAGEMENT, INC.
7145 TURNER ROAD, SUITE 101
P.O. Box NOT acceptable
ROCKLEDGE, FLORIDA 32955

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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.

Robert G Richert
Signature of an officer or director

ROBERT RICHERT
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.

David A Hoffman
Signature of Registered Agent

02-02-2022
Date

If signing on behalf of an entity:

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 (04/13)