## 700142

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #/	
(0)	y/State/Zip/Filotie #;	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(	· · · · · · · · · · · · · · · · · · ·	
(00	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to	Filing Officer:	
Opecial instructions to	rining Officer.	
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Office Use Only



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## COVER LETTER

TO: Amendment Section Division of Corporations

**SUBJECT:** Rockwood Civic Association

Name of Corporation

DOCUMENT NUMBER: 700142

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:

Amanda N. Canellas

Name of Contact Person

Firm/Company

5314 Stratemeyer Dr.

Address

Orlando, FL 32839

City/State and Zip Code

amanda@appraisersofamerica.com~

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

For further information concerning this matter, please call:

Amanda Canellas

.,407

697-8257

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

## 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: Rockwood Civic Association, INC.	
2. The principal office address: 5314 Stratemeyer Dr. Orlando, FL 32839	
3. The mailing address (if different): 5314 Stratemeyer Dr. Orlando, FL 32839	<del>}</del>
4. Date of incorporation/qualification: 11/13/1959 Document number: 700142	
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)	
Dolores Provenzano	
5305 Chenault Avenue	
5305 Chenault Avenue Orlando, FL 32839	Carears and and
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Amanda N. Canellas	
Amanda N. Canellas	- Carp 1
5314 Stratemeyer Dr.	
Orlando, FL 32839	
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.	
Cynthia K. McCurry - President  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.	
Canulas 7/10/9 Signature of Registered Agent Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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