

716309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

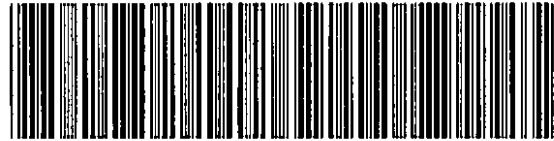
(Business Entity Name)

(Document Number)

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2019 NOV 12 A 11 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REC 1-1 2019
T. L. T. 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Floral City Water Association Inc.
Name of Corporation

DOCUMENT NUMBER: 7116309

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:

Jennifer Roberts
Name of Contact Person

Floral City Water Association Inc.
Firm/Company

8189 S. Florida Ave.
Address

Floral City, Florida 34436
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Roberts at (352) 726-3366
Name of Contact Person Area Code & Daytime Telephone Number

HW
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: Floral City Water Association Inc.
2. The principal office address: 8189 South Florida Ave.
Floral City, FL 34436
3. The mailing address (if different): Po Box 597
Floral City, FL 34436
4. Date of incorporation/qualification: 03/28/1969 Document number: 7116309
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)

Gary Judd
8189 S. Florida Avenue
Floral City FL 34436

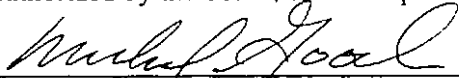
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jennifer Roberts
8189 S. Florida Avenue
P.O. Box NOT acceptable
Floral City FL 34436

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2019 NOV 12 A 11:01
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TALLAHASSEE, FLORIDA

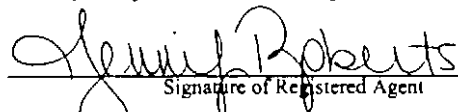
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Mike Gooch, 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.


Signature of Registered Agent

11/5/19
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