## 720910

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
·	·	
	ty/State/Zip/Phone #	<u> </u>
(0)	ty/State/Zip// Hone #	7
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name	)
<u> </u>	ocument Number)	
(a)	,	
Cadified Casina	Caditianta a	f Chahua
Certified Copies	Centificates o	i Status
Special Instructions to	Filing Officer:	-
		ľ
		-

Office Use Only



500306016085

12/07/17--01024--015 \*\*1995.00



## **COVER LETTER**

TO:

Amendment Section Division of Corporations

Tampa Villas South, Inc. Name of Corporation 720910

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:

Charles Evans Glausier Name of Contact Person Glausier Knight, PLLC Firm/Company 400 N. Ashley Drive, Ste. 2020 Address Tampa, FL 33602

City/State and Zip Code

## cglausier@glausierknight.com

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

For further information concerning this matter, please call:

Charles Evans Glausier 813 440-4600

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: Tampa Villas South, Inc.	
<ul><li>2. The name of t</li></ul>	47004 N. LIO LE 44 L EL 00540	
2. The principal	office address:	_
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 05/11/1971 Document number: 720910	_
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Charles Evans Glausier	
	1801 N. Highland Avenue	
	Tampa, FL 33602	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	-
	Charles Evans Glausier	•
	400 N. Ashley Dr., Suite 2020	•
	P.O. Box NOT acceptable	
	Tampa, FL 33602	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
13/ Jacki	Jackie Dasilva, Director	
I further agrée i performance of agent. Or, if thi	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete  my duties, and I am familiar with and accept the obligation of my position as registered  is document is being filed merely to reflect a change in the registered office address, I  that the corporation has been notified in writing of this change.	
Sign	nac DEC17 nature of Registered Agent Date	
	half of an entity:	
Ту	yped or Printed Name	

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

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