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J DENGAS
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12/15/25--01008--017 ++85.00



COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJ Name	JECT: Trustee Corporation of Camper's Holiday /	Association, Inc
DOC	UMENT NUMBER: 591302547	
The e	enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please	e return all correspondence concerning this ma	atter to the following:
Caroly	yn Mack	
Name	e of Contact Person	
Truste	ee Corporation of Camper's Holiday Association. I	nc
Firm	Company	
2092 (Culbreath Rd	
Addre	ess	
Brook	ksville, FL 34602	
City/S	State and Zip Code	
	cholidayoffice@bellsouth.net	
E-ma	ail address: (to be used for future annual re	port notification)
For fi	iurther information concerning this matter, plea	ase call:
Sue F	Flanagan	at (989)327-5500 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the De	epartment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee. FL 32314

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Sta inge is submitted for a corporation organized under the laws of the State of			
	r to change its registered office or registered agent, or both, in the State of Flo			
1. The name of t	the corporation: Trustee Corporation of Camper's Holiday Association, Inc.			
2. The principal	office address: 2092 Culbreath Road, Brooksville, FL 34602	<u></u>		
3. The mailing a	iddress (if different):			
4. Date of incorp	poration qualification: 10-15-71 Document number. <u>772.7</u>	13	74	2
	I street address of the current registered agent and registered office on file with ament of State: (If resigned, enter resigned)	the		
	Trustee Corporation of Camper's Holiday Association, Inc		-3	
	% PMI Tampa, Registered Agent	· - ;	 	
	15310 Amberly Dr. Suite 250, Tampa, FL 33647		.) 1:	,
6. The name and (if changed):	d street address of the new registered agent (if changed) and for registered offic	٠ • :		;
	Tankel Law Group	• • •	ر <u>:</u>	
	1022 Main Street, Suite D			
	P.O.Box NOI acceptable Dunedin, FI 34698			
as changed will				agent.
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an o he board, or the corporation has been notified in writing of the change.	Hicer	80	
Carolin	Carolyn Mack Printed or typed name and title Period or typed name and title			
I hereby accept I further agree	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 computed I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address. Thereby is been notified in writing applies change	ilete j	verfor t. Or irm th	mance if this hat the
		3		
	Pate Date Date			
• -	ehalf of an entity:			
	B. Tankel, Esq. Typed or Printed State			
	* * * FILING FEE: \$35.00 * * *			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassel, Fl. 32314 (3)

CR2E045 (04-13)