

1728542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. DOWLER

JUL 28 2023

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Los Robles Neighborhood Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 728542

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:

Jacob Varn

Name of Contact Person

Firm/Company

1597 Fernando Dr.

Address

Tallahassee, FL 32303

City/State and Zip Code

ddpeacoc77@embarqmail.com

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

For further information concerning this matter, please call:

Donna Peacock

Name of Contact Person

at (850) 597-2398

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

**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: Los Robes Neighborhood Assn, Inc.
2. The principal office address: 1597 Fernando Dr.  
Tallahassee, FL 32303
3. The mailing address (if different): —
4. Date of incorporation/qualification: — Document number: 728542
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)

Danny Phillips  
Phillips Law

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

Jacob Varn  
1501 Fernando Dr.  
P.O. Box NOT acceptable  
Tallahassee, FL 32303

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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.

Donna D. Peacock  
Signature of an officer or director

Donna D. Peacock  
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.*

Jacob Varn  
Signature of Registered Agent

5/26/2023  
Date

If signing on behalf of an entity:

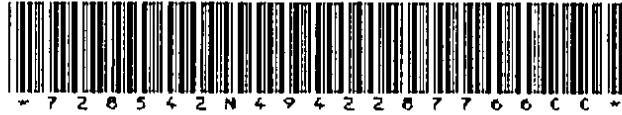
Donna D. Peacock  
Typed or Printed Name

\*\*\* 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)

# Florida Department of State

## Division of Corporations



Please print and return this page, along with your check or money order, to the Division of Corporations.

### 2023 Annual Report Payment Voucher

Name of Entity: LOS ROBLES NEIGHBORHOOD ASSOCIATION, INC.

Document Number: 728542

Tracking Number: 4942287766CC

Certificate of Status: No

Total Amount Due: \$61.25

For Office Use Only

- Please make check, or money order payable to: *Florida Department of State*
- Remove the check stub, if applicable
- Staple check in the top left hand corner of this voucher
- Mail to: *Division of Corporations, P.O. Box 6198, Tallahassee, FL 32314*

**This voucher and check must be received and processed by the Division of Corporations or postmarked by September 15, 2023 to avoid administrative dissolution/revocation.**

**The document is not considered filed until the voucher and payment have been received and processed by this office.**

**Daytime telephone number for possible processing questions:**

**\*\*If mailing address has changed, please list below\*\***

1597 Fernando Dr.  
MAILING ADDRESS

Tallahassee  
CITY

FL  
ST

32303  
ZIPCODE

*pd. \$96.25  
ck 112  
Renewal & Registered  
Agent Change*