

729183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

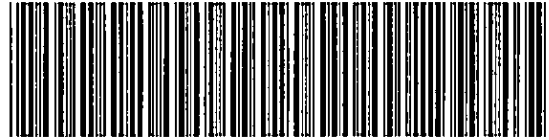
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
CORPORATE SERVICES DIVISION

RA Change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Spreading Oak Village Inc
Name of Corporation

DOCUMENT NUMBER: 729183

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:

Carey Kozak

Name of Contact Person

Specialty Management of Central Florida

Firm/Company

1000 Pine Hollow Point

Address

Altamonte Springs FL 32714

City/State and Zip Code

ckozak@greatercommunities.com

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

For further information concerning this matter, please call:

Carey Kozak

at (407) 647-2622
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Spreading Oak Village Inc
2. The principal office address: 1000 Pine Hollow Point Altamonte Springs FL 32714
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/26/1974 Document number: 729183
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)

Sentry Management Inc

2180 West SR 434 Suite 5000

Longwood FL 32779

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

Specialty Management of Central Florida

1000 Pine Hollow Point

P.O. Box NOT acceptable

Altamonte Springs FL 32714

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.

Sherri Barwick
Signature of an officer or director

Sherri Barwick, 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. 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]
Signature of Registered Agent

12/22/22
Date

If signing on behalf of an entity:

Brett M. Jordan
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)