131500

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200338299692

12/23/19--01019--019 **35.00

SECRETARY OF STATE
TALLALIZAÇÃE EL

O SIMMONS JAN 25 2020

COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: MARIANNA PARK OWNERS ASSOCIATION, INC. Name of Corporation **DOCUMENT NUMBER:** 731500 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: Kenneth Holloway Name of Contact Person MARIANNA PARK OWNERS ASSOCIATION, INC. Firm/Company 151 BONNIE DR. Address AUBURNDALE, FL 33823 US City/State and Zip Code kd48135@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kenneth Holloway

Enclosed is a \$35.00 check made payable to the Department of State.

Name of Contact Person

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

Area Code & Daytime Telephone Number

CR2E045 (04/13)

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: MARIANNA PARK OWNERS ASSOCIATION, INC. office address: 151 Bonnie Dr. Auburndale, Fl. 33823
2. The principal	office address:
3. The mailing a	ddress (if different): N/A
	poration/qualification: 12/28/1974 Document number: 731500
	street address of the current registered agent and registered office on file with the treet to footnote the treet of State: (If resigned, enter resigned)
	Noel Winston Bedsole
	112 JANA CIRCLE
	AUBURNDALE, FL 33823
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office:
	Kenneth Holloway
	121 Bonnie Dr
	P.O. Box NOT acceptable
	Aubumdale, Fl. 33823
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Maria	President KEN A. Hollow AY PRES
Signatur I hereby accept I further agree to of my duties, and accument is bein corporation has	the appointment as registered agent and agree to act in this capacity. The complete performance of comply with the provisions of all statutes relative to the proper and complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ag filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Sign	Alachie of Registered Agent Date
If signing on bel	
-	wners Association, Inc.
	ped or Printed Name

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