741369

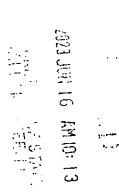
(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(2.22	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	-
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Signatures	

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COVER LETTER

Amendment Section

TO:

Division of Corporations	
SUBJECT: Shady Oaks Owners Associated Name of Corporation	ation, Inc.
DOCUMENT NUMBER: 741369	-
The enclosed Statement of Change of Registered Of	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	natter to the following:
Marsha Bunten Name of Contact Person Shady Oaks Owners Association, Inc. Firm/Company 3651 Castle Dr. Address	
Zephyrhills, FL 33540	
City/State and Zip Code sooatreas@gmail.com E-mail address: (to be used for future annual rep	
For further information concerning this matter, pleas	ase call:
Marsha Bunten Name of Contact Person	at () 765-714-3830 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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	inge is submitted f	or a corporation organiz	607.1508, or 617.1508, Florida S ed under the laws of the State of _	Florida
		. Chadu Oaka Owaa	ed agent, or both, in the State of F	iorida.
	he corporation: _			
2. The principal	office address:	3651 Castle Dr.		
			540	
4. Date of incorp	oration/qualificat	ion:	Document number:	
		the current registered age fresigned, enter resigned)	ent and registered office on file with	th the
	Resigned: J	oyce Mallwitz		-
	38626 Monet Dr.			202
	Zephyrhills, FL 3	3540	-1.50/	2023 JUN
6. The name and (if changed):	d street address of	the new registered agent	(if changed) and /or registered off	ice o
	Shirley Aldrich			AM IO. T
	38542 Monet Dr.			$\frac{1}{\omega}$
			IOT acceptable	
	Zephyrhills, FL 3.	3540		
The street address changed will	ess of its registere be identical.	d office and the street ac	ddress of the business office of its	s registered agent,
Such change wa authorized by th	as authorized by received by received board, or the co	esolution duly adopted borporation has been notif	by its board of directors or by an idea in writing of the change.	officer so
Marsha	C. Burte	n	Marsha Bunten, SOOAl Treasurer	
Signatu	re of an officer or direct	or	Printed or typed name and tit	le
I further agree to of my duties, an document is bei	to comply with th d I am familiar w no filed merely to	as registered agent and a e provisions of all statute vith and accept the obligo o reflect a change in the o writing of this change.	agree to act in this capacity, es relative to the proper and com ation of my position as registered registered office address, I hereb	plete performance l agent. Or, if this y confirm that the
Muston	Skriature of Registered Agent Date			
	nature of Registered Aghalf of an entity:	ent	Date	
	A. Aldrich yped or Printed Name			

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



May 16, 2023

MARSHA BUNTEN 3651 CASTLE DR. ZEPHYRHILLS, FL 33540

SUBJECT: SHADY OAKS OWNERS ASSOCIATION, INC.

Ref. Number: 741369

We have received your document for SHADY OAKS OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II



Letter Number: 223A00011090