747 a40

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

Office Use Only



200363599642

04/12/21--01019--011 **35.00



Reg Agent/Office Change

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Spanish Oaks Homeowners Association, Inc.
2. The principal	office address: 1011 Winding Oaks Dr, Palm Harbor, FL 34683
3. The mailing a	ddress (if different): PO BOX 1102, Palm Harbor, FL 34682
4. Date of incorp	poration/qualification: 05/18/1979 Document number: 747240
	I street address of the current registered agent and registered office on file with the treent of State: (If resigned, enter resigned)
	Cox, Debi
	2046 Winding Oaks Dr
	PLAM HARBOR, FL 34683
6. The name and (if changed):	Becker & Poliakoff, P.A.
	Becker & Poliakoff, P.A.
	1511 N. Westshore Blvd., Suite 1000
	P.O. Box NOT acceptable
	P.O. Box NOT acceptable Tampa, FL 33607
The street addre as changed will	ess of its registered office and the street address of the business office of its ref. Ferd spent.
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Leur 1	TERRY L JOHNSON PROSIDENT
I hereby accept I further agree t of my duties, an document is beil corporation has	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 complete performance of I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change. HEAS HEAS Date Trinted or typed name and title Trinted name and title Trinted or typed name and title Trinted name and title Trinted name and title Trinted name and title Trinted name and trinted name and title Trinted name and trinted name and title Trinted name and trinted na
J	half of an entity:
Steven H. Mezer,	·
	yped 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)