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To:				
	Division of Corporations			
	Fax Number	: (850)617-6380	2023	
From:			JUL	
	Account Name	: C T CORPORATION SYSTEM	1	
	Account Number	: FCA00000023		
	Phone	: (954)208-0845		-
	Fax Number	: (614)573-3996	AH	
		s for this business entity to be used for future .ngs. Enter only one email address please.**	9:56	تعمد: ``

Email Address:

To:



To:

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 $\frac{11}{12}$ _ in order to change its registered office or registered agent, or both, in the State of Florida,

1. The name of the corporation: OAK BRIDGE RUN CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 3152 LITTLE RD STE 107 New Port Richey, FL 34655

4. Date of in	acorporation/qualification: 08/02/1979	Document number: 748342	
	e and street address of the current registered a Department of State: (If resigned, enter resign		207
	Baran Property Management LLC		1023 JUL
	3152 Little Road 107	······································	
	Trinity, FL 34655		

(if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box: NOT acceptable

Plantation, Florida 33324

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.

ylie	Petterson
v i	

Signature of an otheer or director

Kylie Petterson	President
Printed or typed i	name and title

Date

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 mereby to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. C T Corporation System

07/07/2023

By:

Signature of Registered.

If signing on behalf of an entity:

Terrie Bates, Assistant Secretary

Typed is Printed Nome

* * * 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)