## 749478

(Requ	uestor's Name)		
(Address)			
(Address)			
(City/	State/Zip/Phon	e#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificate	s of Status	
Special Instructions to Filing Officer:			

900382911689 RAGROCHORE

A. RAMSEY MAR 29 2022

Office Use Only

## COVER LETTER

TO:

Amendment Section Division of Corporations SUBJECT: PIEDMONT A ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: 749479 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: TAMMY WILSON Name of Contact Person WILSON LANDSCAPING & MANAGEMENT CORP. Firm/Company 1300 NW 17TH AVE, SUITE 270 Address DELRAY BEACH, FL 33445 City/State and Zip Code tammy@wilsonmanagement.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TAMMY WILSON Name of Contact Person

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)

## ${}^{\star}\!\!$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation orgo	nuzed under the laws of the State of FLORIDA stered agent, or both, in the State of Florida.	
	, , , , , , , , , , , , , , , , , , , ,	·	
2. The principal	office address: C/O WILSON LANDSC.	APING & MANAGEMENT CORP.	
1300 NW 17TH	AVE. SUITE 270 DELRAY BEACH, FL	33445	
3. The mailing a	nddress (if different): SAME		
4. Date of incorp	poration/qualification: 10/23/1979	Document number: 749478	
5. The name and		agent and registered office on file with the med)	
	BECKER & POLIAKOFF, P.A.	2/1022	
	625 N. FLAGLER DR. 7TH FLOOR	<b>3</b> .	
	WEST PALM BEACH, FL 33401	70.50	
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office	
	DANNY WILSON, LCAM - WILSON	ANDSCAPING & MANAGEMENT	
	1300 NW 17TH AVE. SUFTE 270		
	P.O. Box. NOT acceptable		
	DELRAY BEACH, FL 33445		
		et address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopt he board, or the corporation has been t	ed by its board of directors or by an officer so notified in writing of the change.	
	ire of an officer or director	Arthur Simor	
I hereby accept I further agree of my duties, an document is ber corporation has	the appointment as registered agent of to comply with the provisions of all sta ad I am familiar with and accept the of ing filed merely to reflect a change in a been notified in writing of this chang	ind agree to act in this capacity, itutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the c.	
Me	<b>∠</b>	2/23/2022	
—-V-—- Sig	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	DN - WILSON LANDSCAPING & Y		
1'	'yped of Printed Name		

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