751058

(Pague)	stor's Name)	
(reque	stor's reame,	
(Addres	<u></u>	_
(Addres	5)	
(Addres	s)	
(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ss Entity Name)	
(Docum	ient Number)	
Certified Copies	Certificates of	Status
Special Instructions to Filin	a Officer	
opeoial mandonona to 1 min	g Omoor.	

Office Use Only



900321562199

12/03/18~-01015--016 **35.00

2018 DEC -3 PM 3: OS SECREGADICATES FATO

R. WHITE DEC 10 2019

COVER LETTER

Division of Corporations
SUBJECT: Oak Wood Property Owners Association, Inc.
DOCUMENT NUMBER: 751058
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:
Shalby Mahan Name of Contact Person
Name of Contact Person
Firm/Company
18099 Island Oak Auc.
Jupiter, FL 33478 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Shelby Mahan at (561, 301-8124) Name of Contact Person Area Code & Daytime Telephone Number
Name of Contact Person 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 Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO: Amendment Section

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	office address: 18020 Burr Oak Place
2. The principal of	Jupiter FL 33478
3. The mailing ad	ldress (if different):
4. Date of incorpo	oration/qualification: $\frac{2/14/80}{80}$ Document number: $\frac{751058}{8}$
5. The name and	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
-	Barbara Howe 8857 Holly Oakhane
-	Jupiter, FL 33478
6. The name and : (if changed):	Shelby Mahan
-	Shelby Mahan 18099 Island Oak Ave P.O. Box NOT acceptable Tupiter FL 33478 The state of the
The street addres as changed will b	es of its registered office and the street address of the business office of its registered agent, be identical.
/ M	Authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change. Clay Hamlin Iveasurer Finted or typed name and title
I hereby accept to I further agree to performance of n agent. Or, if this hereby confirm to	he appointment as registered agent and agree to act in this capacity. It comply with the provisions of all statutes relative to the proper and complete It is am familiar with and accept the obligation of my position as registered It is being filed merely to reflect a change in the registered office address, I It is that the corporation has been notified in writing of this change.
Huk	sy he hat— 11/29/18 Atture of Registered Agent Date
If signing on beh	
Тур	oed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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