

751690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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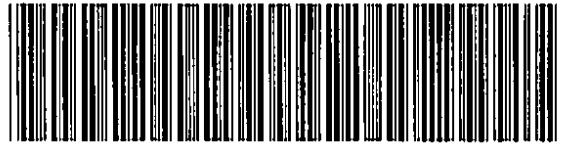
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
1000 N. GARDEN AVENUE
DENVER, CO 80202
OCT 12 2020

OCT 05 2020

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HARBOR CREST 400 PROPERTY OWNERS, INC.
Name of Corporation

DOCUMENT NUMBER: 751690

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:

MICHAEL POMPEO
Name of Contact Person
ALLIANCE PROPERTY MANAGEMENT SOLUTIONS, LLC
Firm/Company
12800 INDIAN ROCKS RD. STE. 1
Address
LARGO FLA. 33774
City/State and Zip Code
E-mail address: APMS.MICHAEL@GMAIL.COM
(to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL POMPEO at (727) 503-7909
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
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HARBOR CREST 400 PROPERTY OWNERS, INC.
2. The principal office address: 12800 INDIAN ROCKS RD. STE. 1
LARGO, FLORIDA 33774
3. The mailing address (if different): P.O. BOX 36, LARGO, FL. 33779-0036
4. Date of incorporation/qualification: 12/11/89 Document number: 751690
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

JESSICA CUMMINGS

12800 INDIAN ROCKS RD., STE. 1

LARGO, FL. 33774

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CIANFRONE, NIKOLOFF, GRANT & GREENBERG, PA

1964 BAYSHORE BLD. #A

P.O. Box NOT acceptable

DUNEDIN, FL. 34698-2500

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.

Chris D Mandakunis
Signature of an officer or director

Chris D Mandakunis
Printed or typed name and title

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 merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

See Attached

Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed 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)