## 155681

(Re	questor's Name)	
	_	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	
•		

Office Use Only



500329569435

05/31/19--01009--018 \*\*35.80

2019 HAY 31 PH 5: 49
SECRETARY OF STATE

JUN 1 7 2019 C Kinsey

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: OAKWOOD CARDENS OWNERS ASSOCIATION, INC.
DOCUMENT NUMBER: 755687
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:
PAUL MIRCHECC LCAM Name of Contact Person
MITCHEL ASSOCIATION MANAGEMENT GROUP, LCC Firm/Company
909 CATTLEMEN RO Address
SAPASOTA FL 34232 City/State and Zip Code
Paula Omitchell Sog. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PAULA MITCIFECC at (941) 870-2300  Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
No. 11. A. L.L. Channel A. L. Langer

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## 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 <u>FCORIDO</u> in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>OAKU1000 GARDENS OWNERS ASSOC.</u> INC
2. The principal office address: 909 CATTLEMEN RO., SARASOTA, JEL 34232
3. The mailing address (if different):
4. Date of incorporation/qualification: 12-24-1980 Document number: 755687
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)
PINNACCE MANAGEMENT INC -RESIGNED
2904 ItYDE PARK ST
SANASOIA, FL 32239
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MITCHELL ASSOCIATION MANAGEMENT GROUP, LCG
909 CATTLEMEN RO P.O. Box NOT acceptable
P.O. Box NOT acceptable
JARASOM FL 34232
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.
Scott Corbridge Signature of an officer of director  R Scott Corbridge Printed or typed name and little
hereby accept the appointment as registered agent and agree to act in this capacity. If 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 addies, I hereby confirm that the corporation has been notified in writing of this change.
Signature of Registered Agent  Signature of Registered Agent
f signing on behalf of an entity:
Typed or Printed Name

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